



**BACKtoGOLF Performance & Fitness, Inc**  
**Physical Therapy & Sports Performance**  
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**MAILING ADDRESS P.O. BOX 10 WINDSOR, CA 95492**

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Date \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

To Whom It May Concern:

I HEREBY GIVE BACK TO GOLF PERFORMANCE AND FITNESS  
PERMISSION TO RELEASE THE FOLLOWING MEDICAL INFORMATION/  
RECORDS & REPORTS PERTAINING TO

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(Injury site)

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(Subject matter to be discussed)

Thank You