



BACKtoGOLF Performance & Fitness, Inc
Physical Therapy & Sports Performance
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Patient Name: _____

Date of Birth: _____

ON THIS _____ DAY OF _____, 20____
I HEREBY GIVE BACK TO GOLF PERFORMANCE AND FITNESS
PERMISSION TO DISCUSS MEDICAL INFORMATION PERTAINING TO
ME WITH THE FOLLOWING NAMED INDIVIDUAL FOR THE PURPOSE OF
MY CARE CO-ORDINATION.

(Individual to share information with)

(Subject matter to be discussed)

(Subject matter to be excluded)

Patient signature

Witness signature

Signature of parent or guardian

Date signed by both parties