Sensory Solutions
322 Los Gatos Saratoga Road
Los Gatos, CA 95030
(408) 647-2084

Authorization to Obtain and Disclose Patient Information

I hereby authorize the following parties to share relevant information with Sensory Solutions.

Records pertaining to:

_____ _____
Name of Patient Date of Birth

1. _____
Name of Recipient Phone Number

_____
Address

_____
City State Zip Code

2. _____
Name of Recipient Phone Number

_____
Address

_____
City State Zip Code

Specify any limitation of restrictions to the information disclosed: _____

_____

_____

_____
Date Signature Relationship To Patient