

RELEASE OF MEDICAL RECORDS

To:.....
.....
.....
.....
.....

I
(Name of Client)

Of
.....
.....
.....
.....

(Address of Client)

Hereby authorise the release of any medical records as may be required to the Public Defender Service.

In signing this authority I also consent to the Public Defender Service disclosing medical evidence to the prosecution if they believe it is appropriate to do so

Signed Dated.....
(Signature of Client)

Signed
(Signature on behalf of the Public Defender Service)