



# LEHIGH ATHLETICS

Department of Athletics  
Sports Medicine  
Lehigh University  
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## RELEASE OF INFORMATION AUTHORIZATION

In an effort to facilitate the utmost quality care for our athletes and establish open and effective communication, we respectfully request the following information:

- \_\_\_\_\_ Diagnosis of the injury
- \_\_\_\_\_ Written explanation of the treatment plan
- \_\_\_\_\_ Copy of diagnostic tests results regarding this injury
- \_\_\_\_\_ Copy of operative report
- \_\_\_\_\_ Prognosis regarding future athletic participation in their sport
- \_\_\_\_\_ Specific recommendations for rehabilitation and/or therapeutic modalities

I, \_\_\_\_\_ give Dr. \_\_\_\_\_

my permission to release, written and/or orally, any information concerning my injury, to Lehigh University Sports Medicine, whether this information is considered to be confidential or not. This release remains valid until revoked by me in writing.

\_\_\_\_\_  
(Sport)

\_\_\_\_\_  
(Athlete's Signature)

\_\_\_\_\_  
(Injury)

\_\_\_\_\_  
(Date)

Thank you for your assistance and cooperation in the care of our athletes. If we may ever be of assistance to you, please don't hesitate to call. Please forward the above requested information in the self-addressed envelope at your earliest convenience.