Stefani Reinold, MD

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**Release of Information Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Stefani Reinold MD permission to contact the following:

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In regard to the coordination of patient care. Stefani Reinold MD may access the following, unless noted otherwise on this form:

Clinic notes

Hospital records

Lab results

Physical exam findings

Other medical reports necessary to the treatment of the patient

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