Information Release Form

Jill G. Russell, MS, CCC/SLP
Gresham Speech Therapy
(503) 312-9362 Fax (503) 666-3502
email: jill@gst-d2L.com

I authorize Jill G. Russell to consult, exchange diagnostic and therapy information with the following professionals regarding:

Client's Name:____ DOB:__________________

	Name	Date
Orthodontist	____________________________	__________________
Dentist	____________________________	__________________
Physician	____________________________	__________________
Allergist	____________________________	__________________
ENT	____________________________	__________________
School SLP	____________________________	__________________
Insurance(s)	____________________________	__________________
OTHER:	____________________________	__________________
OTHER:	____________________________	__________________

Signature: ____ Date: ____________

Relationship: ____