

# Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Recipient's Name], [Recipient's Title/Position] at [Recipient's Institution/Organization], to discuss my spine disorder treatment options on my behalf.

Please find my relevant personal and medical information below:

- **Patient Name:** [Your Name]
- **Date of Birth:** [Your Date of Birth]
- **Medical Record Number:** [Your Medical Record Number]
- **Diagnosis:** [Your Spine Disorder Diagnosis]

This authorization is valid until [Insert Expiration Date]. I understand that I can revoke this authorization at any time by submitting a written notice.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]