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WC-207 AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

Instructions: This form shall not be filed with the Board, unless otherwise requested

TO:
Print Name and Title

Address

City State Zip CoAd[T(i) TJ -0.011 Tc 0.08 Tw [(ts)-4.3(o)-1.6(r)2(th)-1.7(e)]TJ -0.009 Tc 0.145 Tw -2 -1.16 Td [(em)-2.6(ploy)11(er)4.7(has)-1.6(paid)0.7(any and information related to the claim or history or treatment of injury arising from the incident, including information related to the treatment for any mental condition or drug or alcohol abuse and to such employee’s medical history with respect to any condition or complaint reasonably