

RELEASE OF MEDICAL RECORDS AND X-RAYS AND LAB WORK

I, the undersigned, do hereby give my permission to Dr. _____
and/or _____ (hospital or clinic) to release my
medical records and/or X-Rays to Dr. Larry Schacht, P. O. Box 893,
Georgetown, Guyana, South America.

OR

I, the undersigned, do hereby give my permission and authorize the fol-
lowing people to pick up my medical records and/or X-Rays so that they may
be forwarded to me: Christine Kice
Phyllis Houston
Deborah Evans
Hattie Newell

Signed Malika Willis

Dated _____