



MEDICAL RECORDS RELEASE FORM

Date: IT IS DARK WHERE I AM NOT

Doctor Name: No

Fax Number: 19



I hereby authorize you to release my records to: Dr. BESTIE

THE RAHASTAN CONFEDERATION OF TRIBES
WHEREVER BESTIE LIVES

Any information, including diagnosis and records, of any treatment or examination rendered to me during the period from now to WHEN LETTER ARRIVES.

Special instructions:

HELLO BESTIE. I AM VERY EXCITED TO BE WRITING TO YOU. I WANTED TO ASK YOU IF GHOSTS ARE SPIRITS BECAUSE I NEED TO KNOW IF I AM DEAD? HOW DO YOU CHECK? BECAUSE I MIGHT I AM TRYING TO TELL WHETHER OR NOT A MEDICINE MY BOSS GAVE ME WORKED. SINCE I MIGHT BE A SPY FOR KEITAN AND IT WAS THE ONLY WAY TO CHECK. ARE YOU DEAD? ARE YOU AN EXPERT ON THE DEAD? HOW DO I LEARN THE EXISTENCE BETWEEN THE DEAD AND NON-EXISTENT?

PATIENT:

Printed YES DOB 15 MONTHS AGO

Signature ELDER FLYNN OF THE ETERNAL DOMINION OF THE CRAB

