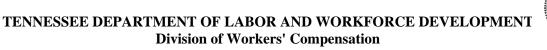
FORM C-31





MEDICAL WAIVER AND CONSENT

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

THIS MEDICAL AUTHORIZATION FORM ONLY PERMITS THE EMPLOYER OR THE DIVISION OF WORKERS' COMPENSATION TO OBTAIN MEDICAL INFORMATION THROUGH ORAL OR WRITTEN COMMUNICATION, INCLUDING, BUT NOT LIMITED TO, CHARTS, FILES, RECORDS, AND REPORTS IN THE POSSESSION OF A MEDICAL PROVIDER AUTHORIZED BY THE EMPLOYER PURSUANT TO T.C.A. § 50-6-204 AND A MEDICAL PROVIDER THAT IS REIMBURSED BY THE EMPLOYER FOR THE EMPLOYEE'S TREATMENT.

I,	, having filed a claim for workers' compensation
I,, having filed a claim for workers' compensation benefits, do hereby authorize	
(Name of Medical Provider)	
	er's representative, and/or the Division of Workers' material reasonably related to my work-related injury
I further authorize the release of the same in	formation to me or my attorney.
	ricted to, a right to review and obtain copies of all rts, prescriptions, diagnoses, opinions and courses of
A photocopy of the authorization may be according to the authorization and the according to the a	cepted in lieu of the original.
Dated:, 20_	·
Patient	Social Security last four numbers
Witness	