

U.S. SPECIALTY INSURANCE COMPANY



13403 Northwest Freeway, Houston, TX 77040 Telephone 713-462-1000 Fax 713-744-9663

MEDICAL AUTHORIZATION

You are hereby authorized to release to my employer any and all information, facts and particulars, which may be requested regarding my physical condition and/or treatment rendered to me and to permit my employer and any person appointed by my employer to examine all x-rays or records regarding my physical condition or treatment and to obtain copies of such records.

Name

Signature of Employee