5250 Auto Club Dr. Suite 200, Dearborn, MI 48126
Phone (313)914-5591 / Fax (313)982-9942

27207 Lahser Rd. Suite 200B, Southfield, MI 48034
Phone (313)914-5591 / Fax (313)982-9942

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO:

Physician / Institution _____

Address _____

Phone _____

Fax _____

RE:

Patient Name (please print) _____

Date of Birth _____

Please forward the following information as soon as possible:

- ○ Laboratory Results
- ○ Radiology Reports / Other Image Studies
- ○ Other

For time Period: _____ to _____

I hereby authorize _____

to release information in my medical records to Metro Detroit Endocrinology Center.

Patient / Parent / Guardian Signature _____

Date _____