

MICHIGAN ORTHOPAEDIC INSTITUTE, P.C.

26025 LAHSER ROAD, 2ND FLOOR
SOUTHFIELD, MICHIGAN 48033
Tel. (248) 663-1900 Fax (248) 663-1924

ORTHOPAEDIC SURGERY
&
PHYSICAL MEDICINE

6900 ORCHARD LAKE ROAD, SUITE 103
WEST BLOOMFIELD, MICHIGAN 48322
Tel. (248) 855-7400 Fax (248) 626-6481

Authorization for Release of Medical Records to Michigan Orthopaedic Institute, P.C.

Patient Information (Please Print):

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Release My Records From:

Name: _____ Address: _____

Phone: _____ Fax: _____

Send Records To: Dr. _____

SOUTHFIELD LOCATION
26025 LAHSER ROAD, 2ND FLOOR
SOUTHFIELD, MICHIGAN 48033
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WEST BLOOMFIELD LOCATION
6900 ORCHARD LAKE ROAD, SUITE 103
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****Please circle the correct location above****

Please Disclose the Following Information:

___ All records _____ EMG Report from _____

___ MRI Report from _____ X-ray Report from _____

___ Bone Scan Report from _____

___ Other (please specify): _____

Patient or Representative – Please Print

Patient or Representative Signature:

Date: