North Valley Internal Medicine

Neil J. Belgiano D.O. F.A.C.O.I.
Catherine C. Ciantar D.O.
Brandon M. Genson D.O.

2330 S. Milford Rd. Suite 120 Highland, MI 48357 | Phone: (248) 676-9060 | Fax: (248) 684-5550

Medical Records Release Authorization

Today' Date: _____ Valid Through: _____

Doctor or Hospital: _____

Address: _____

City / State / Zip: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE MY RECORDS TO:

North Valley Internal Medicine, P.C.
2330 S. Milford Rd. Suite 120
Highland, Michigan 48357
PH: (248) 676-9060
FAX: (248) 684-5550

PLEASE RELEASE THE COMPLETE HISTORY RECORDS IN YOUR POSSESSION, CONCERNING MY MEDICAL HISTORY, ILLNESS, AND / OR TREATMENT.

Patient Details:

Name: _____ Birth Date: _____

Address:_____

City / State / Zip: _____

Patient's Signature: _____

Witness Signature: _____