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one circle health

210 Little Lake Drive, Suite 10
Ann Arbor, MI 48103

Phone 734-332-9936
Fax 734-864-0018

Authorization For Release Of Medical Records

Patient Information (please print):

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please release my medical records from:

Name of office: _____

Telephone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Send records to: (Fax preferred)
One Circle Health
Fax: 734-864-0018

210 Little Lake Drive, Suite 10
Ann Arbor, MI 48103

Please send records no later than: _____

This authorization expires: _____
Please release a copy of my medical records:

Specific records to include: _____

By my signature, I authorize release of medical records

Patient: _____ Date: _____