Malcolm Sickels MD, Gaia Kile FNP, Danielle Douglas FNP, Marisa Spradlin RD

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:

One Circle Health
210 Little Lake Drive, Suite 10
Ann Arbor, MI 48103
Fax 734-864-0018

Send records to:

Name of office: _____

Telephone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____