

Medical Records Release

Patient: _____
Patient Date of Birth: _____

Date: _____

From: Stanley S. Roland, D.O.
610 North Main Street
Lapeer, MI 48446

To: _____

I request a copy or summary of the following medical records:

- Complete Medical Record
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medication Allergies
- Allergy Test/Treatment
- Surgical Procedures
- Other _____

Please check one:

- For dates of service from ___/___/___ to ___/___/___
- For all dates of service

Additional Comments: _____

I understand that there may be a reasonable medical records copying fee as permissible by state law.

Patient Signature

Date