

# Wayne Neurology, PLC

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## Health Information Release Authorization

I \_\_\_\_\_, authorize Wayne Neurology, to release my reports/records to the following **Physicians/Case Managers/ Attorney**.

Name	Phone Number
1. _____	_____
2. _____	_____

I also authorize to release my report/records or discuss & disclose my case, treatment, or medical condition with the following persons(**Family or Friend**):

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_