

LYME PATIENTS – if you could screenshot a copy of this form and email it to abxdoc79@gmail.com, we would be grateful. If not, please snail mail it to 2112 Cass Lake Road, Keego Harbor, MI 48320.

If you were treated by Soleo, please call them at 248-513-8687 and request them to release your IV records to us. Let us know that you have done so, in case we don't receive them.

After we receive this we will give you a call and access your records. None of this will require an in-person visit.

Name _____ Date _____

Birthdate _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Employer _____

Work Phone _____

APPROXIMATE DATE(S) I WAS TREATED FOR

LYME _____

I WAS TREATED WITH (Circle all that apply) ORALS/ IM / IV.

Email address _____

Study Authorization

I hereby authorize Dr. Arnold Markowitz' staff to use information from my medical records and request information of any other provider that treated me for Lyme (for example Soleo or any other IV of pharmaceutical company) to gather treatment data about my experience with the diagnosis and treatment of Lyme disease. My personal information will not be visible in any published material.

Signature _____ Date _____