



West Michigan Ketamine Clinics
2093 Health Dr SW Suite 201,
Wyoming, MI 49519
Allan Coates D.O.
Nicholas Kolascz CRNA, ARNP
P. 616-828-3899
F. 616-328-6754

Release of Health Information

Patient information:

Full Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____

Release information from:

Name of
facility: _____

Address: _____

Phone: _____

Fax: _____

Release of Information to:

Name of facility: West Michigan Ketamine Clinics

Address: 2093 Health Drive Sw Suite 201, Wyoming, MI 49519

Phone: 616-828-3899.

Fax: 616-328-6754

Records to be released:

- Allergies, Medications, Diagnosis, Past history, Surgical history, All Ketamine IV infusion records.

I hereby give permission to have my medical records sent from the facility listed above to West Michigan Ketamine Clinics.

Patient Signature -or-
Parent/Legal gaurdian

Date