



Partners in Family Medicine

6000 24 Mile Road
Shelby Township, MI 48316
PH 586.677.3310 FAX 586.677.3326

Gregory B. Koby, D.O.

Patient Name: _____

DOB: _____

Authorization to Release Medical Information

I authorize Dr. Gregory Koby, or his office staff, to release medical information regarding myself to the following:

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

NONE

Authorization to Pick-Up Medication/ Prescriptions/Samples

I authorize the following people to pick-up my medication/Prescription/Samples:

Name	Relationship
1. _____	
2. _____	
3. _____	

SAME AS ABOVE

NONE

X _____ Date: _____
Signature patient or Guardian

_____ Date: _____
Witness