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## RECORD RELEASE

DATE : \_\_\_\_\_

PLEASE SEND THE FOLLOWING RECORDS TO OUR OFFICE BY  
FAX: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATIENTS NAME : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

PATIENTS SIGNATURE : \_\_\_\_\_

OUR FAX # : \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS PLEASE CALL OUR OFFICE 248-524-2121.

**BY THIS DATE** \_\_\_\_\_

**URGENT** \_\_\_\_\_