

# EASTMAN, WOZNIAK, GROEBE PEDIATRICS, P.C.

2055 E. 14 Mile Road  
Birmingham, MI 48009  
248-645-1740  
Fax: 248-645-5304

## RECORDS RELEASE FORM

Name of Patient (s):

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

Patient(s) Date of Birth:

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

Patient(s) Address:

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please release the medical records from the office of Eastman, Wozniak, Groebe Pediatrics, P.C. and send them to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize the release of medical records obtained in this office.

Signature of Patient (if 18 years or older) or Patient or Guardian:

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### REASON FOR TRANSFERRING

Moving: \_\_\_\_ with-in state \_\_\_\_ out of state \_\_\_\_ out of country

Dissatisfied with office \_\_\_\_\_ Explanation \_\_\_\_\_

Other \_\_\_\_\_ Explanation \_\_\_\_\_

**\*\*PLEASE NOTE: A \$15.00 RELEASE CHARGE MUST BE PAID BEFORE MEDICAL RECORDS WILL BE SENT. MAKE CHECKS PAYABLE TO EASTMAN & WOZNIAK MD**