Michigan Neuroscience Clinic

Faisal I. Ahmad, M.D., Nawaf H. Murshed, M.D., Omar I. Ahmad, M.D.,
An Vo Cao, M.D.

11780 Telegraph Road, Ste 100 Taylor, MI 48180
P: 734-374-1112 F: 734-374-1119

AUTHORIZATION TO *RELEASE* MEDICAL RECORDS

I, _____, authorize Michigan Neuroscience Clinic to RELEASE copies of the following medical records of my office visits and/or hospital admissions.

( ) Most recent office note

( ) Imaging Studies {CT Head, CT Angio, MRI Brain, MRI Spine, Carotid Doppler, 2D Echo}

( ) Neurodiagnostic studies {EEG, EMG, VNG, VER, SEP, BAER}

( ) Other: _____

PLEASE RELEASE RECORDS TO:

Name of Provider: _____
Practice or Hospital Name: _____
City, State, Zip Code: _____
Phone: _____
Fax: _____

_____ ___/___/___
Signature of Patient/Parent or Legally Authorized Representative **Date of Birth**

_____ ___/___/___
Printed name of Patient/Parent or Legally Authorized Representative **Today's Date**
Relationship to Patient: ☐ Spouse ☐ Parent ☐ Next of Kin ☐ Legal Guardian ☐ DPOA

OFFICE USE ONLY: Give request to the Medical Records Team for processing