



*Greater Flint MRI, PLLC  
at the Flint NeuroScience Center*

G-3231 Beecher Road

Flint, MI 48532

Phone: 810-230-2411

## MEDICAL RELEASE FORM

I hereby authorize and request you to release the complete history of records in your possession concerning my illness and/or treatment to:

Greater Flint MRI  
G3231 Beecher Road  
Flint, MI 48532  
Telephone: 810-230-2411  
Fax: 810-230-2515

Date \_\_\_\_\_

Your name \_\_\_\_\_

Your address \_\_\_\_\_

Your Date of Birth \_\_\_\_\_

Your Signature \_\_\_\_\_

Witness \_\_\_\_\_