



*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
G-3231 Beecher Road
Flint, MI 48532
Telephone: 810-230-2411
Fax: 810-720-0851

Date _____

Your name _____

Your address _____

Your Date of Birth _____

Your Signature _____

Witness _____