SOUTHEAST MICHIGAN EAR, NOSE AND THROAT

Danny Kewson, M.D. Roger Toma, M.D. Mark Toma, M.D.
2421 Monroe, Suite 201 • Dearborn, MI • 48124
PH: 313-562-4100 • FX: 313-562-4590
www.Semient.com

Medical Records Release

Name of Patient: Birth Date: _____

_____ Phone #: _____

From: _____ To: _____

_____ _____

_____ _____

Method of Delivery: ☐ Fax ☐ Mail ☐ Pick Up

Please check the appropriate.
_____ Any and all of my medical record, as of the date of this release.
_____ Any and all of my record except the following: _____

Please check below if you **do not** want the following to be released. This information will be released unless the appropriate box is selected.
_____ Any record of treatment for drug and/or alcohol dependency or abuse.
_____ Any record of mental health treatment.
_____ Any record of testing, treatment, or reporting pertaining to infection with HIV or related diseases.
_____ Other: _____

These records are being released for the following reason:
_____ Moving to a new area.
_____ Transferring to a new Doctor in the area.
_____ Changing insurance. If so, please list insurance plan: _____
_____ Transferring to a new Physician due to a dissatisfaction with
____ Waiting time in office
____ Patient care
____ Other – Please specify: _____

I authorize the release of medical except the above noted records.

Signature (Parent or Guardian): _____

Date: _____