

Amy L. Beeman, D.O., P.L.L.C.
Former Address: 1400 East Parkdale Ave, Suite 1, Manistee, MI 49660

Current Address: PO Box 416, Onekama, MI 49675

RECORDS RELEASE AUTHORIZATION

I, _____

HEREBY AUTHORIZE **AMY L BEEMAN DO PLLC**

TO RELEASE THE CONTENTS OF MY MEDICAL RECORDS TO

Physician Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____

THIS RELEASE COVERS ALL ENCOUNTERS FOR:

Patient Name: _____

Phone: _____

Date of Birth: _____

Social Security Number: _____

THIS AUTHORIZATION IS SUBJECT TO WRITTEN REVOCATION AT ANY TIME BY ME OR MY LEGAL REPRESENTATIVE. THIS AUTHORIZATION WILL EXPIRE UPON DISCLOSURE OF REQUESTED INFORMATION.

X _____
SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

DATE: _____