



Dr. Ariel Majhoo Dr. Bryant Ittirara
1030 N. Monroe Street, Monroe, MI 48162
18707 Ecorse Road, Allen Park, MI 48101
Phone: 734-682-3309
Fax: 734-682-1488

Consent for Release of Confidential Information

Patient's Name _____

DOB: ___ / ___ / ___

I authorize and hereby request that a copy of my medical records be released as follows:
Information to be released to:

NeuroInterventional Pain Management
1030 N. Monroe St., Monroe, MI 48162
Phone: 734-682-3309 Fax: 734-682-1488

Information to be released from:

Name

Address

City State Zip

Fax

- Release ALL records contained in my file pertaining to patient's pain complaint.
- ~ or ~
- Release the following specific records:

The purpose of this request is for continued medical care

I understand that the information contained in my medical records may include records pertaining to diagnosis evaluation, or treatment of any mental or emotional condition or disorder, including alcoholism and/or drug addiction. It may also contain information regarding test results for AIDS, HIV infection, antibodies to HIV, or infection with any other probable causative agents of AIDS.

Signature of patient, parent, or legal guardian Date

Witness Date