

Allergy & Asthma Treatment Center, PLC

J. Younes, M.D.

1251 S Lapeer Road, Suite 102, Lake Orion, MI 48360
Phone: (248) 693-4444 Fax: (248) 382-4010

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____

I request and authorize
to release health care information of the patient named above to:

Name: **J. Younes, M.D.**
Mail _____ **Or Fax to: (248) 382-4010**
Address: **1251 S Lapeer Road, Suite #102**
City: **Lake Orion** State: **MI** Zip Code: **48360**

This request and authorization applies to:

Health care information relating to the following treatment, condition or dates: _____

All health care information

Other: _____

Patient/ Guardian Signature: _____ Date Signed: _____

Printed Name: _____