

720 E. 11 Mile Road
Royal Oak, MI 48067



P: 248-733-5700
F: 248-733-5750

Medical Records Release

I hereby request Mobile Physical Therapy and Affiliates to receive/send any and all medical records concerning the undersigned. The following records are requested:

Admission Notes
History/Physical
Lab Reports
X-Rays
MRI / CT scan
Monthly Progress Reports
Consultations

Date: _____

Records are being requested from: _____ to: _____

(Print) Patients Name: _____

Signature: _____

Date of Birth: _____ SSN: _____

(Print) Parent/Guardian Name: _____

Signature: _____

Thank You,

Office Management
Mobile Physical Therapy