

Cruz Clinic
17177 N. Laurel Park Drive #131
Livonia, MI 48152

Release of Information

Patient Name _____ Date of Birth _____

The following individuals may contact Cruz Clinic for the following reasons:

NAME

PHONE

Please check all that apply

____ Call to schedule/cancel/change an appointment

____ Inquire about or inform the clinic about patient's insurance/or patient liability

____ Other _____

This authorization will not expire unless requested by patient.

Patient Signature

Date

Witness/Cruz Clinic Employee

Date

N: forms/patient forms/release of information