OAKLAND COLON AND RECTAL ASSOCIATES, P.C

Diseases of the Colon and Rectum

DONALD C. BARKEL M.D., P.C.
HARRY J. WASVARY M.D., P.C.
JASON SHELLNUT M.D., P.C.
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RECORDS RELEASE AUTHORIZATION

Date: _____

I hereby authorize and request Dr:

☐ DONALD C. BARKEL M.D., P.C.

☐ HARRY J. WASVARY M.D., P.C.

☐ JASON SHELLNUT M.D., P.C.

☐ MATTHEW ZIEGLER M.D.

☐ CLAIRE PEEPLES, M.D.

☐ STEPHEN G. PRIEST M.D.

To release any and all medical records pertaining to my care to:

_____

_____

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_____ _____

Patients Name **Date of Birth**

_____ _____

Patient Signature **Witness Signature**