

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.
MATTHEW ZIEGLER M.D.
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RECORDS RELEASE AUTHORIZATION

Date: _____

To: _____

I hereby authorize and request you to release to:

____ 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.

Oakland Colon and Rectal Associates, P.C.
1121 Crooks Road
Royal Oak, MI 48067

A copy of:

- 1. _____
- 2. _____
- 3. _____

Patients Name

Date of Birth

Patient Signature

Witness Signature