

TOTAL HEALTH SYSTEMS

Multi-Specialty Clinic

Chiropractic • Medical • Physical Therapy • Massage Therapy • Nutrition

Clinton Township • (586) 228-0270 ♦ Chesterfield • (586) 949-0123 ♦ Eastpointe • (586) 772-7770
www.TotalHealthSystems.com

Health and Medical Information Release Form

I, _____, give permission to Total Health Systems, PC, its staff, associates, and its employees, to share private and medical information with my medical doctor, _____, as well as his or her staff, employees, and associates. Also, my medical doctor, as well as his or her staff, employees, and associates have permission to share personal and medical information with Total Health Systems, PC. *The sole purpose for this is to provide more efficient and comprehensive care to our patients.*

Signature: _____ Date: _____

Medical Doctor Info

Name of Doctor: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____