



GRAND HEARING CENTER

DOUGLAS A. LOGEL, JR., M.A., CCC-A
AUDIOLOGIST

RELEASE OF MEDICAL INFORMATION

I _____ grant permission to _____ located
(Print Patient's Name) (Print Company's Name)
at _____ to release all
(Company's Address)

requested medical records pertaining to my care to Grand Hearing Center, LLC Located at 1330 E. Grand River Ave. Suite B, Portland, MI, 48875.

Patient Signature _____ Date _____

07/14/2011

1330 E. GRAND RIVER AVE.
SUITE B
PORTLAND, MI 48875
517-647-HEAR (4327)
FAX: 517-647-2GHC (2442)