Partners In Internal Medicine

Martha Gray, MD
Mark Oberdoerster, MD
Peter R. Paul, MD
Sara Hashemian, MD
Eric J. Straka, MD
Pamela Shore, MD
David Weidendorf, MD
Lisa Cogswell, DNP, ANP-BC
Elissa Gaies, MD

www.piim.org

2200 Green Road, Suite B
Ann Arbor, MI 48105
734-994-PIIM (7446)
734-623-8591 (Fax)

255 N. Lilley Road
Canton, MI 48187
734-981-3300
734-981-0653 (Fax)

01/09/2024

Patient Name: «FirstName» «LastName»

Patient DOB: «DOB»

I, _____ give _____
(Patient name) **(Person who may receive information)**

permission to inquire and receive information contained in my medical record at Partners in Internal Medicine. In addition, the above named person may inquire and receive information from the staff at Partners in Internal Medicine in regards to my presence in the office, any test results, any testing or physician visits ordered by my primary care physician, and/or dates of treatment.

Partners in Internal Medicine will give the information only to the person named above (with the exception of medical use by physician and clinical staff) and will not be held liable for doing so.

This authorization remains valid unless revoked by me in writing.

Patient Signature: _____

Witness: _____

Date: _____