

Somerset Skin Centre
255 Kirts Blvd.
Troy, Michigan 48084
(248) 244-8448

Authorization to Discuss Medical Information

Patient Name: _____ DOB: _____

I give *Somerset Skin Centre* permission to verbally discuss my medical information with the following person(s). This is not an authorization to release medical records.

Name Printed

Relationship

Home/Cell #

I must notify *Somerset Skin Centre* in writing, if changes are needed. A new form must be filled out. The form with the most current effective date will be active.

Signature _____

Date _____