

Therapy Unlimited, LLC

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Farmington, MI 48335-3155
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Fax: (248) 442-5012

_44125 W. Twelve Mile Road
Novi, MI 48377
Phone: (248) 952-4340
Fax: (248) 465-6059

_26751 Southfield Road
Lathrup Village, MI 48076
Phone: (248) 443-5400
Fax: (248) 443-0100

RECORD RELEASE

TO: _____

I, _____, hereby authorize and request you to release to **THERAPY UNLIMITED, LLC**, the complete medical records in your possession.

Specific records requested: _____

Birthdate: _____

Social Security Number: _____

Date of Accident: _____

Thank you for your cooperation.

Sincerely,

Patient Signature

Date

Witness

Date