



SMG General Surgery Lansing

Release of Medical Information Consent Form

SMG General Surgeons may release information over the telephone to the following persons. If there are no names written in this section, we WILL NOT be able to release any information to anyone other than YOU.

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

It is my responsibility to notify SMG General Surgery Lansing of any changes to the above instructions.

Patient Name: _____

Patient Signature: _____

DOB _____

Date _____

SMG General Surgery Lansing
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517-364-5943