

RYAN MEDICAL ASSOCIATES
division of the Oakland Medical Group, P.C.
21647 RYAN ROAD
WARREN, MI 48091

Patient Consent Form

Please read all sections and check ALL the appropriate boxes.

Permission for our office to contact you for any reason (confirm appointment, etc.):

- Leave a message on an answering machine/voice mail/or with any one that may answer the phone.

Permission to release information regarding work related injuries:

- Release information to employer.

Permission to release information to the following names:

Signature of Patient

Date