Personal Best Health[SM], LLC

Matthew G Schuermann, MD
6239 Cheviot Rd
Cincinnati, OH 45247
(513) 325-0398
Fax: (513) 385-3952

Authorization for Release of Records

Transfer Records From:

Personal Best Health[SM] LLC
Matthew Schuermann, MD
6239 Cheviot Rd
Cincinnati, OH 45247

Transfer Records To:

____
____
____
____
____

I hereby authorize and request that Personal Best Health[SM], LLC. release records of any treatment and/or examination rendered to me including: specific tests, reports, etc. including information relating to HIV status and/or treatment; information relating to mental health status and/or treatment; and information relating to drug or alcohol abuse:

- ❑ All records
- ❑ From ________________ to ________________.
  (Date) (Date)
- ❑ Specific tests and records ______________________________
  ____

Patient Name: ______________________________

Other Names Used: ______________________________

Date of Birth: ________________ Social Security #: ________________

Patient Signature: ______________________________

Witness: ______________________________ Date: ________________