



EASTPOINTE INTERNISTS, P.C.

Dominic A. Cusumano III, M.D.
Angela T. Wilson, PA-C
Frank P. Pilato, PA-C

Board Certified in Internal Medicine
NCCPA Certified
NCCPA Certified

Record Release Authorization

Patient Name: _____

Date of Birth: _____ Social Security Number: _____

I hereby request that Eastpointe Internists, P.C. provide copies of my diagnosis, treatment, prognosis and recommendations, as well as, other data pertinent to my treatment

Information may be released to: _____

Relationship to patient: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Last 4 Digits SS#: _____

Patient Signature: _____ Date: _____

Witness: _____
