

The Medical Care Group, Ltd.
1786 Moon Lake Blvd. Suite 216
Hoffman Estates, IL 60169
Phone (847) 884-7550
Fax (847) 884-7510

Date: _____

To : _____

Re : _____

Dear: _____

Please accept this as authorization to furnish to:

Erik L. Johnson, M.D.
Jennifer M. Lynch, M.D.

The information needed on the above patient is requested below:

Please Note: These records will be kept confidential and will not be duplicated unless required by law.

Patient or Guardian

Witness