

**Oakland Regional Hospital
Medical Record Department**

Instructions to Obtain a Copy of Your Medical Records

To obtain a copy of your medical records, please complete and sign the “Authorization for Access/Release of Information” form. Include your full name, date of birth, current address, phone number, dates of service here at Oakland Regional Hospital and specify what information you want sent from your medical record. Please be as specific as possible. The completed form can be returned to the Medical Record Department either by fax or mail.

FAX Number: (248) 423-5177

Mail to: Oakland Regional Hospital
Medical Record Department
22401 Foster Winter Drive
Southfield, MI. 48075

If copies are sent directly to you, there will be per page copy fee plus the cost of first class postage and sales tax. Call Ann-Marie DeLaGarza at: (248) 423-5171 for costs

If copies are going directly to a physician or hospital, there is no charge.

Please feel free to call the Medical Record Department at (248) 423-5171 (Monday – Friday, 8am – 4pm), if you have any questions.