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Date:

To: \_\_\_\_\_

Please release the records for \_\_\_\_\_, DOB \_\_\_\_\_  
to Dr. Robert Houghtaling, Jr. or Dr. Myra I. Covarrubias.

You can mail the records to our office at 3003 W. Dickman Rd., Springfield, MI 49037 or  
email them to [KristyL@HCDDS.net](mailto:KristyL@HCDDS.net).

Thank You,