



Comprehensive Women's OB/GYN
A Division of Atlanta Women's Health Group, P.C.

11 Dunwoody Park
Suite 100
Atlanta, GA 30338
Telephone (770) 730-0451

3630 Savannah Place Drive
Building 100, Suite B
Duluth, GA 30096
Telephone (678)474-0203

Authorization to Release Records from Comprehensive Women's OB/GYN

I hereby authorize and request that you release a copy of my medical records covering the period from ____/____/____ to ____/____/____ to _____.

Address _____

Name: _____ Maiden Name _____

Address: _____

Driver License #/State _____ DOB: _____

Phone: _____ Work Phone: _____

Detailed Reason for Request (Must be filled in): _____

I understand this authorization includes release of ALL medical records including HIV records, psychiatric mental illness, drug/alcohol abuse records, venereal disease and any other statutory protected diseases. This authorization and consent will expire 60 days following the date signed. I understand that I may revoke this authorization and consent at any time except to the extent that action has previously taken in reliance hereof.

Signature _____ Date _____

****Please sign and fax it back to our office at: Duluth (678)474-0207 or Dunwoody (770)730-0141****
Please allow 7-10 business days for the release of your records. You will be notified if this process will take longer.

Office use only
Request received by _____ on ____/____/____
Release from Medical Records Department on ____/____/____ by _____