Comprehensive Women's OB/GYN

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 to 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 Dr. _____ at

☐ **11 Dunwoody Park**
Suite 100
Dunwoody, GA 30338
Phone: (770) 730-0451
Fax: (770) 730-0141

☐ **3630 Savannah Place Drive**
Building 100, Suite B
Duluth, GA 30096
Phone: (678)474-0203
Fax: (678)474-0207

Name: _____ Maiden Name_____

Address_____

_____

Social Security #_____

Date of Birth: _____/_____/_____

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 _____

Requesting Records From: _____

Address:_____

_____

Phone: _____

Fax: _____