3525 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30044
PH- 678-377-1113 FAX- 678-377-9390

MEDICAL RECORDS REQUEST

Date:____________________

Patient Information:

Name____ DOB______________

Name____ DOB______________

Name____ DOB______________

Name____ DOB______________

Records to be sent to:

Facility Name:____

Address:____

Phone#______________________________ Fax#________________________________

REASON FOR RECORDS?

- ☐ Unhappy with Service
- ☐ Moving out of Area
- ☐ Change Of Insurance
- ☐ Other

Comments:______________________________

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____ __________________________
Parent Signature Date

For Office Use Only- Do Not Write Below Line

Approved By:__________________________ Date:___________________________