



## Medical Records Release Request

**Patient Information:**

Patient Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security ID: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State and Zip: \_\_\_\_\_

I, \_\_\_\_\_ authorize the above listed person/s, firm, or entity(or its agents, representatives or employee) to release for inspection and copying and use, any and all of the Personal Health Information (PHI) listed below that pertains to my treatment, hospitalization or care from date/s of: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**To/From:**

Modern OBGYN of North Atlanta  
 10692 Medlock Bridge Road, Suite 100-A  
 Johns Creek Ga 30097  
 Fax: 404-446-2497  
 Office: 404-446-2496

**To / From:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Note:** All records requests that come *into* our office either written or verbal will initially be processed by our Medical Records Coordinator. From that point, requested information will be forwarded to the provider for approval and signature. No records are to be released without the provider's approval, and Administrative Certification. Please note, there will be a Fee of \$35.00 if the records are released **to you** directly.

**What Records Do You Need:**

- Entire Record
- Radiology/Xray Reports
- Operative Reports
- Pathology Reports
- Laboratory Results
- Labor & Delivery Records
- ER/Hospital Reports
- Other: \_\_\_\_\_

**Which Provider Do You See:**

- |                                             |                                          |                                               |
|---------------------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Dr. John Reyes     | <input type="checkbox"/> Emily Dixon     | <input type="checkbox"/> Kristi Vines-Presley |
| <input type="checkbox"/> Dr. Ingrid Reyes   | <input type="checkbox"/> Melanie Steen   | <input type="checkbox"/> Julie Cox-Morgan     |
| <input type="checkbox"/> Dr. Natu Mmbaga    | <input type="checkbox"/> Mimi Song       | <input type="checkbox"/> Joanne Lee           |
| <input type="checkbox"/> Dr. Annie Kim      | <input type="checkbox"/> Keianna Haley   | <input type="checkbox"/> Gisele Cavalheiro    |
| <input type="checkbox"/> Dr. Nada Megally   | <input type="checkbox"/> Skyler Jacobs   | <input type="checkbox"/> Amber Becker         |
| <input type="checkbox"/> Dr. Rachel Prosper | <input type="checkbox"/> Rebecca Helie   | <input type="checkbox"/> Jade Vasallo Lam     |
| <input type="checkbox"/> Dr. Zin Alonso     | <input type="checkbox"/> Katie Vaughn    |                                               |
|                                             | <input type="checkbox"/> Diana Cedillo   |                                               |
|                                             | <input type="checkbox"/> Rebecca Sheldon |                                               |

Reason For Records Request:  Relocation  Insurance Change  Patient Discontent  
 Second Opinion  Employment Request  Other: \_\_\_\_\_

Patient Signature Of Release: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Initials of Certifier  
 \_\_\_\_\_ Date Completed/Sent/Mailed