

PERSONAL CARE PHYSICIANS OF ATLANTA

5673 Peachtree Dunwoody Road
Suite 950
Atlanta, Georgia 30342

Phone: (404) 256-3135
Fax: (404) 256-3137

REQUEST: RELEASE OF MEDICAL RECORDS

From: _____

I hereby request that a copy of my medical records be released to:

Personal Care Physicians of Atlanta
5673 Peachtree Dunwoody Road
Suite 950
Atlanta, Georgia 30342

Patient's Name: _____

Social Security #: _____ Chart #: _____

Date of Birth: _____

Patient Signature: _____ Date: _____

Marc A. Seltman, M.D.
Richard D. Kaplan, M.D.