



REAGAN MEDICAL CENTER

Family Medicine, Urgent Care & Diagnostic Center

MEDICAL RECORDS FROM RMC

Please Fax all requests to 678-649-2083 Inquiries only: 678-344-8700, Option 5 or medicalrecord@rmc.md

Patient's name: _____ Date of birth: _____

Patient's address: _____

City, State, Zip Code: _____

Mobile phone: _____ Home Phone: _____

RECORDS TO BE RELEASED TO Provider/Facility: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

I, hereby authorize **Reagan Medical Center**, to release my medical records.

All healthcare information Only for specified dates _____ through _____

Lab reports Test reports Office notes Other: _____

I understand that these records may include information about my STD/AIDS/HIV infection, any drug, alcohol or psychiatric illness or treatment.

I understand I may be charged a fee for retrieval and mailing of my records. The fee will be collected before all records are sent.

Patient Signature

Date Signed

Signature of Patient's legal representative (when required)

Relationship

Date Signed

- 2878 Five Forks Trickum Rd, Lawrenceville, GA 30044. Tel: 678-344-8700
- 2696 Lawrenceville-Suwanee Rd, Suwanee, GA 30024. Tel: 770-771-5570
- 3685 Braselton Hwy, Dacula, GA 30019. Tel: 678-546-9800
- 289 Grayson Highway, Lawrenceville, GA 30046. Tel: 770-771-5560
- 10160 Medlock Bridge Rd, Johns Creek, GA 30097. Tel: 678-387-1600
- Diagnostic Center: Lawrenceville, GA 30044. Tel: 678-221-8000

Fax (all locations) 678-344-8600 www.rmc.md