



# REAGAN MEDICAL CENTER

*Family Medicine, Urgent Care & Diagnostic Center*

## MEDICAL RECORDS RELEASE TO RMC

Please Fax all Medical Records to 678-344-8600

Name of Provider/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the release of all my medical records to Reagan Medical Center.

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

I, hereby authorize the following medical records to be released to **Reagan Medical Center**.

All healthcare information     Only for specified dates \_\_\_\_\_ through \_\_\_\_\_

Information to be released

Lab reports     Test reports     Consultation 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.

\_\_\_\_\_  
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](http://www.rmc.md)