



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