Augusta OBGYN, PC
1115 Garredd Blvd,
Augusta, GA 30909
706.922.0101 Office
706.364.0056 Fax

Medical Records Request Form

To: Augusta OB GYN, PC_____

Specific Information Requested: _____

Patient Name: _____

Social Security #: _____

Date of Birth: _____

I authorize the release of my medical records to:

Augusta OBGYN, PC
1115 Garredd Boulvard
Augusta, GA 30909

_____

Patient's or Authorized Representative's Signature Date

_____

Witness Signature Date