



Johns Creek Pediatrics, P.C.

4395 Johns Creek Parkway Suite 150, Suwanee, Georgia 30024

770-814-1160

Authorization for Release of Medical Records To Johns Creek Pediatrics

4395 Johns Creek Parkway Suite 150
Suwanee, Georgia 30024

2000 Howard Farm Drive Suite 320
Cumming, GA 30041

770-814-1160 Fax: 770-814-1173

Name of Previous Practice: _____

Address: _____

Phone #: _____ Fax: _____

I hereby request medical records of the patient (s) listed below be released to:

Johns Creek Pediatrics, P.C.

4395 Johns Creek Parkway, Suite 150
Suwanee, GA 30024
(Phone) 770-814-1160
(Fax) 770-814-1173

We only except Medical records in Paper copies

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Parent/Patient (18+years old) Name: _____

Parent/Patient (18 +years old) Signature: _____ Date: ___/___/___

Phone Number: _____