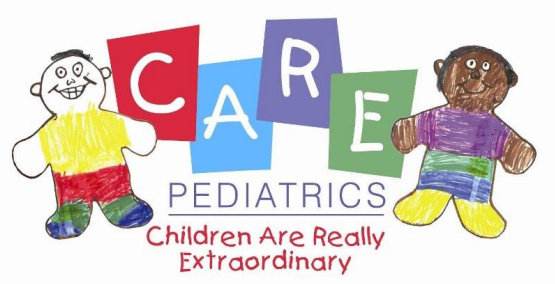

Noelle Ruddock-Solomon, MD
4855 River Green Parkway
Suite 610
Duluth, GA 30096
(770)232-1444 Fax (770)232-1759

Authorization for Medical Records Release

Date: _____

Patient Name: _____

DOB: _____ **SS:**_____

Address: _____

City/State & Zip Code:_____

Releasing Practice/Physician Name:

_____

Address: _____

City/State & Zip Code_____

Telephone Number: _____

Fax Number: _____

I hereby authorize you to transfer the above medical records including all diagnostic procedures, lab work, test results and treatment to C.A.R.E. Pediatrics, LLC.

_____ _____
Signature of Authorizing Person **Date**

_____
Relationship to Patient

_____
Witness