

Download Instructions (Form must be downloaded to sign digitally)

1. Download Form to your computer.

File > Save As or Use download icon (bottom center of screen)

2. Open Form in Adobe Acrobat, fill out, sign and save/print

3. Email to info@pandyamedicalcenter.com or Fax to 770-709-6910



PANDYA MEDICAL CENTER, Inc.
3925-A Johns Creek Court, Suwanee, GA 30024
Ph. 770 709 6922 Fax. 770 709 6910

RELEASE OF MEDICAL RECORDS

Name: _____

Gender: _____ MALE _____ FEMALE Date of Birth: _____

Address: _____

Phone: _____

I authorize Pandya Medical Center to: _____ OBTAIN my information from:
_____ RELEASE my information to:

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

- INFORMATION REQUESTED:
_____ All Records
_____ Last Office Visit Note
_____ Last Blood Work Results
_____ EKG, Stress Test, ABI, Cardiac Cath
_____ X-Rays/CT/MRI/Ultrasound
_____ Immunization Records
_____ Other

Authorized Signature: _____ Date: ____/____/____