Lynette Stewart, M.D., F.A.C.O.G.; Beenal Naik, M.D., F.A.C.O.G;
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Medical Records Release

Doctor/Hospital/Clinic: _____
_____
_____
Ph:_____
Fx:_____

I, _____, hereby authorize the facility named above to release information contained in the named patient's records, including record, if any, for treatment of physical and/or mental illness, treatment of chemical dependency and/or alcohol abuse, or testing or treatment of any communicable disease, such as Acquired Immune Deficiency Syndrome(AIDS); Human Immunodeficiency Virus (HIV); Acquired Immunodeficiency Syndrome Related Complex (ARC); Venereal Disease; Tuberculosis; or Hepatitis.

Reason for Release: _____

Please provide the medical records information checked below
(Indicate specific dates of service or indicate "ALL" if all records are to be forwarded)

		DATE			DATE
	OFFICE NOTES			OBSTETRICAL RECORDS	
	PAP SMEAR			LABORATORY REPORTS	
	ULTRA SOUND			PATHOLOGY REPORTS	
	MAMMOGRAM			HISTORY & PHYSICAL	
	OPERATIVE NOTES			DISCHARGE SUMMARY	
	EKG, X-RAY			OTHER	

PLEASE FORWARD ALL MEDICAL RECORDS PERTAINING TO THIS PATIENT

Patient Information:

Patient's Name (Please Print)	Social Security Number
Patient's Signature	Date of Birth

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Suite 180
Decatur, GA 30034
Ph: 404-243-7777 Fx: 404-284-7676

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Norcross, GA 30093
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