



**KIDNEY SPECIALISTS OF GEORGIA**  
EXCELLENCE IN KIDNEY CARE

Medical Records Release

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

For the purpose of continuation of medical care, I hereby request to have my medical information as described below, including but limited to office progress notes, reports from labs and other described below, including but not limited to office progress notes, reports from labs and other studies, summaries of treatment, consultation, and verbal/ telephone/ e-mail contact, released to:

**Kidney Specialists of Georgia**

**575 Professional Drive, Suite 290**

**Lawrenceville, GA 30046**

**Phone: 770-417-8170 Fax: 770-417-8169**

The type and amount of information to be used or disclosed is as follows:

Most Recent history and physical

Most Recent discharge summary

Laboratory results

X-Ray and imaging reports

Consultation Report

Entire Records

Other:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date