Marietta
1121 Johnson Ferry Road, Suite 220
Marietta, GA 30068
Ph: 770-977-0094
Fax: 770-509-9463

East Cobb Pediatrics
& Adolescent Medicine, P.C.

Kennesaw
6110 Pine Mountain Road, Suite 202
Kennesaw, GA 30152
Ph: 770-795-4553
Fax: 770-795-4513

Request for Release of Records

To: Doctor or Practice Name:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Fax Number:_____ Phone:_____

Please send copies of my child's/children's complete medical records to the following address:

East Cobb Pediatrics and Adolescent Medicine
1121 Johnson Ferry Road, Suite 220
Marietta, GA 30068
Phone: 770-977-0094
Fax: 770-509-9463

Child's Name:_____ DOB_____

Child's Name:_____ DOB_____

Child's Name:_____ DOB_____

Address:_____

Parent Name_____ Phone Number:_____

Signature of Parent or Guardian:_____

Date:_____

This authorization is valid one year from date signed.