

Marietta

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



Kennesaw

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

East Cobb Pediatrics & Adolescent Medicine, P.C.

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

Child's Name: _____ DOB _____

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.