201 Bombay Lane. Roswell, GA 30076
Ph:770-686-3246
Fax: 770-674-7366

RELEASE OF MEDICAL RECORDS

I give permission to Shivani Healthcare of Georgia to obtain medical information. I understand this authorization includes release of all medical records including HIV records, psychiatric mental illness, drug and alcohol abuse records, venereal disease, and any other statutory protected disease.

Please release all medical records including, but not limited to office notes, test results, hospital notes including surgery notes, performed by:

Name of Dr. and/or facility:_____

Address:_____

Phone number:_____

Fax number:_____

Patient Signature:_____ Date:_____

Patient printed name: _____

Data birth:_____Social Security number_____