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1245 AUGUSTA WEST PARKWAY
AUGUSTA, GA 30909
(706) 868-0389
FAX (706) 651-0729

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Medical Records Released From:

Practice Name

Address

City State Zip

Phone

Medical Records Released To:

Augusta Pediatric Associates, P.C.
1245 Augusta West Parkway
Augusta, GA 30909
Phone: (706) 868-0389
Fax: (706) 651-0729

Please do not fax records greater than 30 pages.

- | | |
|--|--|
| <input type="checkbox"/> Jerry A. Miller, MD | <input type="checkbox"/> Jennifer L. Drake, MD |
| <input type="checkbox"/> Steven L. Moore, MD | <input type="checkbox"/> Jennifer D. Massey, MD |
| <input type="checkbox"/> S. Clark Newton, MD | <input type="checkbox"/> Aaron W. Hanna, MD |
| <input type="checkbox"/> Matthew A. Threadgill | <input type="checkbox"/> Barbara M. Leverett, MD |

Please Release Records for the Following Patients:

Date of Birth: _____
Date of Birth: _____
Date of Birth: _____
Date of Birth: _____

Reason for Records Release:

- Change of Primary Care Physician Moving Other

Comments: _____

I understand that the records released may include information relating to Human Immunodeficiency Virus infection (HIV) or Acquired Immunodeficiency Syndrome (AIDS); treatment for history of drug or alcohol abuse; or mental or behavioral health or psychiatric care.

Parent's Name: _____

Phone Number: _____

Signature of Parent

Date