



**GI North, P.C.**  
1505 Northside Blvd., Suite 4000  
Cumming, GA 30041  
Phone: 404-446-0600 \* Fax: 404-446-0601

I, \_\_\_\_\_, authorize to release my medical records  
from \_\_\_\_\_.

**Please send copies of my medical records to  
GI North, P.C.  
1505 Northside Blvd., Suite 4000  
Cumming, GA 30041  
Fax: 404-446-0601**

**Thank You,**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date