



GI North, P.C.

4150 DEPUTY BILL CANTRELL
MEMORIAL RD
Suite 290 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