



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.**

**4150 DEPUTY BILL CANTRELL
MEMORIAL RD
Suite 290 Cumming, GA 30041**

Fax: 404-446-0601

Thank You,

Signature

Date