

PARK CENTRAL FAMILY PRACTICE

4367 New Snapfinger Woods Drive
Decatur, GA 30035
770.981.2008 (p)
770.981.6302 (f)
pcfp@parkcentral1.net



MEDICAL RECORDS RELEASE PATIENT CONSENT FORM

Date: _____

I _____

SSN# _____ - _____ - _____

DOB: _____ / _____ / _____

Authorize the release of my medical records to Park Central Family Practice, Inc. Please forward all records to the address/ fax listed above.

Patient Signature: _____

Please provide us the following Information:

Name of Office Holding Medical Records:

Phone Number: _____

Fax Number: _____

Please forward all records to our office.

Thank you,