



1080 Lumpkin Campground Road S, Suite 300,
Dawsonville, GA 30534
Phone: 706-265-4100 Fax: 706-265-4132

RELEASE OF MEDICAL RECORDS

Patient Full Legal Name: _____

Gender: Male ___ Female ___ Date of Birth: _____

Address: _____

I authorize Keating Family Medicine to: ___ OBTAIN my information from:
 ___ RELEASE my information to:

NAME of PROVIDER/PRACTICE/FACILITY:

PHONE: _____

FAX: _____

INFORMATION REQUESTED:

- ___ All records
- ___ Last office visit note
- ___ Last blood work results
- ___ Immunization records
- ___ Other

Authorized Signature: _____ Date: _____