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West Cobb Internal Medicine, P.C.
5077 Dallas Hwy, Suite 315, Powder Springs, GA 30127
Phone: (770) 218 1880 Fax: (770) 218 1088
www.westcobbintmed.com

Date: _____

Release records from:

_____

_____

_____

Patient Information

Name: _____

Address: _____

_____

DOB: _____

SSN: _____

Release Records to:

Dr. C. Raghavan, M.D.
West Cobb Internal Medicine, P.C.
5077 Dallas Hwy, Suite 315
Powder Springs, GA 30127
Phone: (770) 218 1880

Signature of Patient: _____

Signature of Witness: _____