PERSONAL CARE PHYSICIANS OF ATLANTA

5673 Peachtree Dunwoody Road
Suite 950
Atlanta, Georgia 30342

Phone: (404) 256-3135
Fax: (404) 256-3137

REQUEST: RELEASE OF MEDICAL RECORDS FROM PCPA

and

I hereby request that a copy of my medical records be sent to:

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Patient's Name: ______________________________

Address: ______________________________

Date of Birth: ______________ **Phone No:** ______________

Social Security #: ______________ **Chart #:** __________

Patient Signature: ______________________**Date:** __________

Marc A. Seltman, M.D.
Richard D. Kaplan, M.D.