



## **MEDICAL RECORDS REQUEST**

**PATIENT NAME:**

**DATE OF BIRTH:**

**S.S LAST FOUR:**

Please release all medical records to

Perry Internal Medicine  
1019 Keith Drive, Suite B  
Perry, Georgia 31069  
Phone: 478-988-0022 Fax: 478-987-0444

All medical records to include:

\_\_\_\_\_ Lab work    \_\_\_\_\_ HIV tests results    \_\_\_\_\_ Physiological Status

Patient Signature :

Date:

Medical Records Clerk