



Dr. Mehdi Kazem & Associates

630 Collins Hill Road
Lawrenceville, GA 30045
(770) 822-9747

We take your eyes to heart FAX (770) 822-1869

PERMISSION TO RELEASE PATIENT'S RECORDS

Patient: _____ Date _____

I grant permission to this office to release my patient records to
_____. The medical findings and treatment
disclosed should cover the period of time from _____
to _____. In initiating this request, I hereby release
my practitioner from any laws governing the disclosure of confidential or privileged
information.

Signature of Patient _____