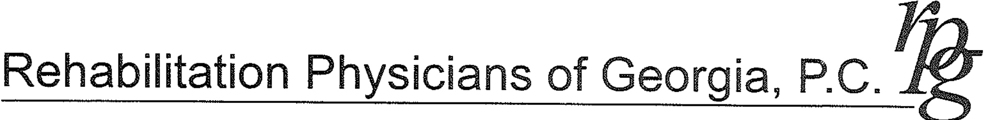

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Dayna J. London, M.D.
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Tamara Harris, P.A.-C
Meredith Magner, P.A.-C
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Rebecca Jill Pope, NP-C

Mark W. Feeman, D.O.
Medical Director

Ernest L. Howard, M.D.
Medical Director

Mark F. McGreevey
Chief Executive Officer

Ajori N. Burkhammer
Executive Director of Operations

REQUEST FOR MEDICAL RECORDS

Date: ______________

I, ________________________ request that ____________________________________ fax my medical records to Rehabilitation Physicians of Georgia. I understand that these records contain protected health information.

Patient Name: ______________________________________

Patient Signature: ____________________________________

Patient Date of Birth: __________________________________

Patient Contact Number: ________________________________

Date of Request: ______________________________________

Please include the patient's demographic information, last 3 office notes,, diagnostics reports, urine drug screens, and discharge letter if applicable. Thank you!

Please fax requested information to:
Rehabilitation Physicians of Georgia, PC
Attn: Victoria - New Patient Coordinator
Fax 770-399-9449