Release of Records/X-rays

To Whom It May Concern:

Pursuant to Title 31, Chapter 33 of the Official Code of Georgia, I _____
(Patient's name) (Patient's DOB)

request that a copy of my radiology reports and X-rays, or a copy thereof, being in the custody of

_____
(Doctor's name, Hospital, or Clinic)

be released and mailed to:

Dr. William M. Rice
108 SRP Dr. Ste. A
Evans, GA 30809
Ofc: 706-860-4001
Fax: 706-860-6520

I understand that I am responsible for any cost incurred in copying and mailing these records.

_____
Patient's Signature

_____
Date

_____
Witness