



Nan R. Monahan, M.D.

Amy Y. Mininberg, M.D.

Julie G. Tocci, PA - C

Authorization Of Medical Records To Buckhead Internal Medicine

Authorization to release medical records to:

_____ Nan R. Monahan, M.D.

_____ Amy Y. Mininberg, M.D.

Please mail records to the above address. I realize that any copying charges may be billed to me at my home address.

Patient's Full Name: _____

Date of Birth: _____

Home Address: _____

Patient Signature: _____ Date: _____