



Nan R. Monahan, M.D.

Amy Y. Mininberg, M.D.

Erica L. Peters, M.D.

Authorization Of Medical Records To Buckhead Internal Medicine

Authorization to release medical records to:

\_\_\_\_\_ Nan R. Monahan, M.D.

\_\_\_\_\_ Amy Y. Mininberg, M.D.

\_\_\_\_\_ Erica L. Peters, M.D.

Please mail records or fax records to the blow 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: \_\_\_\_\_