



## MEDICAL RECORDS RELEASE

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Please release medical records to Dr. Elias Dagnew / Dr. Viren Vasudeva of Georgia Brain & Spine Center.  
Either fax or mail the records to the following:

**4355 Johns Creek Parkway  
Suite 520  
Suwanee, Georgia 30024  
TEL: (404) 446-4424  
FAX: (404) 446-4420**

Thank you for your cooperation.

\_\_\_\_\_  
Patient's Name (Printed)

\_\_\_\_\_  
Date

X \_\_\_\_\_

\_\_\_\_\_