

*La Vista Norcross Clinic*

2625 Beaver Ruin Rd Suite B

Norcross; GA 30071

Tel: (770) 446-2820 Fax: (770) 446-2868

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Please release my medical records to the physician named below.

Doctors's Name's :

Nombre del doctor

\_\_\_\_\_

Telephone Number :

Numero de Telefono

\_\_\_\_\_

Fax Number :

Numero de Fax

\_\_\_\_\_

Patient's Name

Nombre del Paciente

Birthdate

Fecha de Nacimiento

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\_\_\_\_\_

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Thank you,

Gracias

\_\_\_\_\_

Patient

Paciente

Juana Maria Sanchez

M.D. MPH. F.A.A.P