

Spine & Orthopedic Center
1287 Georgia 138 Spur #8
Jonesboro, GA 30236
770-473-0038(P) 770-471-4290(F)

RECORDS RELEASE AUTHORIZATIONS

TO: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Rajiv. Sood, MD
1287 Georgia 138, spur suite #8
JONESBORO, GA 30236
TELEPHONE: 770-473-0038
FAX: 770-471-4290

The complete medical records in your possession, concerning my treatment.
I release you from and all claims resulting of said records, as I realize they
are a part of your permanent records.

DATE: _____

NAME: _____ D.O.B. _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

WITNESS: _____