



**Jay Medical & Rehab Works, PC**  
3457 Lawrenceville-Suwanee Rd., Suite C  
Suwanee, GA 30024  
678-714-8522 / Fax.678-714-8542

**Medical Records Request**

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

What type of medical records do you need?

- Entire Medical Records
- Other: \_\_\_\_\_

I, the signed patient or legal guardian of patient authorize Jay Medical and Rehab Works, PC to release my records to:

Name of Physician, Medical Practice, or Hospital

Address City State Zip

Telephone Fax

By:  Fax  Mail Patient will pick up the records from our office

Signature of Patient or Legal Guardian Date of Birth Social Security Number

Print Name of Patient or Legal Guardian Date