

**Georgia Brain & Spine Center
4385 Johns Creek Parkway
Suite 200
Suwanee, GA 30024**

MEDICAL RECORDS RELEASE

Patient's Name: _____

Date of Birth: _____

Social Security #: _____

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

**4385 Johns Creek Parkway
Suite 200
Suwanee, Georgia 30024
TEL: (404) 446-4424
FAX: (404) 446-4420**

Thank you for your cooperation.

Patient's Name (Printed)

Date

X _____
Patient Signature

Witness