CARITAS MEDICAL CENTER LLC

LEO O. OVADJE M.B.B.S.

TEWABE G. KEBEDE M.D.

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS TO:

CARITAS MEDICAL CENTER
105 NORTH PARK TRAIL
STOCKBRIDGE, GA. 30281
OFFICE: 678-284-0800
FAX: 678-284-9299

From: _____

_____

_____

PATIENT NAME: _____***DOB:***____

SIGNATURE: _____

DATE: _____

__ LABS

__ HISTORY AND PHYSICAL

__ IMAGING

__ DISCHARGE SUMMARY

__ OFFICE NOTES