Academy Orthopedics

Chart #_____

Dr. Jesse E. Seidman ◆ Dr. James W. Duckett ◆ Dr. Jonathan Katz

(Please check the office you were treated in)

318 Tribble Gap Rd. Cumming, GA 30040 P: 770-889-0891 F: 844-493-6088	3929 Carter Rd. Buford, GA 30518 P: 770-271-9855 F: 844-403-2939	3540 Duluth Park Lane Ste 220 Duluth, GA 30096 P: 770-476-1900 F: 844-802-7553

Patient Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Please note that your request "MAY" take up to 7 – 14 days to process once received by Records Clerk.

ALL FEES MUST BE PAID IN FORM OF CHECK OR CASH ONLY. PAYMENTS MUST BE MADE OUT TO ACADEMY ORTHOPEDICS.

I hereby request the following information:

□ Medical Records □ Billing Summary □ X-ray CD □ Specify Anything Other_____

_____

I here by authorize Academy Orthopedics, LLC to release medical records as indicated above and understand that records may include information regarding HIV, psychiatric and mental illness, drug/alcohol abuse records, venereal disease and any other statutory protected diseases.

X _____ _____

Patient /Guardian Signature Date

_____ _____

Academy Orthopedics Witness Signature Date

MAIL RECORDS TO:

Name of: Practice/Company/Attorney: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Fax # _____