



Kenneth Harper, M.D., P.C.

5910 Hillandale Drive • Suite 301 • Lithonia, Georgia 30058

Phone (678) 418-2120 • Fax (678) 418-2936

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____ Date Of Birth: _____
Last First Middle

SSN: _____ hereby request that my records be released from:

**Kenneth Harper, MD, PC
5910 Hillandale Drive, Suite 301
Lithonia, GA 30058**

To:

Physician or Institution

Street Address

City, State, and Zip Code

Physician FAX

Physician Phone

Entire Medical Record Most recent lab/x-ray results Other: _____

Check box that apply:

- I understand that by transferring my entire medical record means that I am transferring my Primary Care Physician (PCP) from Kenneth Harper, MD, PC to another physician. I am responsible for paying all outstanding balances owed to Kenneth Harper, MD, PC.
- My Primary Care Physician will remain at Kenneth Harper, MD, PC

Signature of Patient or Guardian

Date of request

Witness _____ Date signed _____

Request sent on _____ via U.S. Mail Fax