



FreedomAllergy
ALLERGY SINUS & COUGH CENTER

MEDICAL RECORDS REQUEST

Attn: _____ Fax Number: _____

Physician Name and Office: _____

To Whom It May Concern:

I consent to the release of the following records to Dr. Ruchir Agrawal at Freedom Allergy.

- All Medical Records
- Lab Results
- Imaging
- Other _____

Patient Name: _____ DOB: _____

Signature: _____ Relationship to Patient: _____

Date: _____

Please fax all records for the above patient to (678) 669-2401.

Freedom Allergy
Allergy Sinus & Cough Center of Georgia
115 Genevieve Court Peachtree City, GA 30269
115 Oak Hill Blvd, Ste 100, Newnan, GA 30265
Phone (678) 400-6650
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