FREEDOM ALLERGY
ALLERGY SINUS AND 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 Ct, Peachtree City, GA 30269
1255 Johnson Ferry Rd, Suite 2, Marietta, GA 30068
Phone (678) 400-6650
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