Gary L. Smith, M.D.
Gynecology – Obstetrics - Infertility
Phone: (770) 565-4224 Fax: (770) 509-0487

MEDICAL RECORDS RELEASE

I, _____, _____,
Name (please print) Date of Birth

_____ _____
E-mail Last 4 numbers of Social Security

_____
Phone

I authorize: Dr. Gary L. Smith, M.D.
1230 Johnson Ferry Rd. H-30
Marietta, GA 30068

To release my medical records to:

Name:_____

Address:_____

City/State/Zip:_____

Phone:_____Fax:_____

E-mail_____

_____
Signature

_____

Date