



Nan R. Monahan, M.D.

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Authorization For Release Of Medical Records From Buckhead Internal Medicine

Authorization to release medical records from:

_____ Nan R. Monahan, M.D.

_____ Catherine L. Dekle, M.D.

_____ Michele Y. Evans, M.D.

_____ Heather N. Gibbons, M.D.

To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Patient's Full Name: _____

Date of Birth: _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Signature: _____ Date: _____