

CARROLLTON EYE CLINIC, P.C.  
158 CLINIC AVENUE  
CARROLLTON, GA 30117

John E. Godard, M.D.  
Roger M. Rossomondo, M.D.  
G. Keith Berry, M.D.

John W. Thomas, M.D.  
Eric Baylin, M.D.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby request and authorize \_\_\_\_\_

\_\_\_\_\_

to release all or any part of my medical record including HIV records, psychiatric/mental illness records, drug/alcohol abuse records, and records related to venereal disease and other statutory protected diseases to the following:

\_\_\_\_\_

Healthcare information requested:

- Entire record
- Specific information \_\_\_\_\_
- Specific dates of treatment \_\_\_\_\_
- A typed summary of this information is acceptable

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Phone: 770-834-1008

Fax: 770-834-2531 or 770-836-8303

Attention: Penny Akins, Medical Records