

Bronier L. Costas, M.D.  
Gary M. Lourie, M.D.  
Allan E. Peljovich, M.D., M.P.H.  
Jeffrey A. Klugman, M.D.  
Joshua A. Ratner, M.D.  
Bryce T. Gillespie, MD.



***The Hand & Upper Extremity***  
CENTER OF GEORGIA, P. C.  
SURGERY OF THE HAND, ELBOW AND SHOULDER

**Northside Hospital Doctors Centre**  
980 Johnson Ferry Road NE, Suite 1020  
Atlanta, Georgia 30342

**Northside/Alpharetta Medical Campus**  
3400A Old Milton Parkway, Suite 350  
Alpharetta, Georgia 30005

**Hand & Upper Extremity Surgery Center**  
993D Johnson Ferry Road NE, Suite 200  
Atlanta, Georgia 30342

(404) 255-0226 • [www.HandCenterGA.com](http://www.HandCenterGA.com)

## Authorization to Release Medical Records

I \_\_\_\_\_, hereby authorize *The Hand & Upper Extremity Center of Georgia, PC* to release any medical records, including office and operative notes, x -ray reports and any diagnostic study results to: \_\_\_\_\_.

Facility / Office / Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Service Requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian/patient requesting information

\_\_\_\_\_  
Date