

Judson G. Black, M.D.
Endocrinology/Metabolism/Diabetes Mellitus
755 Mount Vernon Highway Suite 430
Atlanta, GA 30328
(404)303-9945

Release of Medical Information

Please release my
Records to:

I authorize the office of Judson G. Black, M.D. to furnish a copy of my medical records covering the period from _____, _____ to _____, _____ to the entity or persons listed above.

I recognize that this request will be processed in the order in which it was received and that I must allow two weeks for the request to be processed.

I release Judson G. Black, MD, LLC from all legal responsibility or liability that may arise from this authorization.

Signature

Date

Judson G. Black, M.D.

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