

**Judson G. Black, MD, F.A.C.E.**

755 Mount Vernon Highway, Suite 430

Sandy Springs, Georgia 30328-4279

Telephone: 404-303-9945

Fax: 404-303-8257

**Request for Medical Records**

To: \_\_\_\_\_

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

\_\_\_\_\_

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

Date: \_\_\_\_\_

I, \_\_\_\_\_

(please print your name)

Request that my medical records be sent to:

**Judson G. Black, MD**

755 Mount Vernon Highway, Suite 430

Sandy Springs, Georgia 30328-4279

Telephone: 404-303-9945

Fax: 404-303-8257

\_\_\_\_\_  
Patient or Guardian

\_\_\_\_\_  
Patient's Date of Birth