



Patient Name: _____

DOB: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Information to be released:

_____ Discharge Summary _____ Radiology Reports _____ Operative Reports

_____ Laboratory Reports _____ Pathology Reports _____ EKG Reports

_____ Clinic Notes _____ Other _____

Records requested **from**: _____

(Outside facility or office)

Please send records to:

TenderCare Clinic
803 South Main Street
Greensboro, GA 30642
Fax: 706-453-1441

I request the TCC send my records **to**:

Patient Signature: _____

Witness: _____

Date: _____