



Advanced Allergy of North Georgia
100 College Avenue
Gainesville, GA 30501

Phone: 678 971-5005

Fax: 678-971-5009

Email: Office@aaonga.com

Medical Records Release

I kindly request that the Allergy & Asthma Clinic of Northeast Georgia release/send a copy of my complete medical records on file to:

Receiving Physician/Facility:

Dr. Michael Maloney

Advanced Allergy of North Georgia
100 College Avenue
Gainesville, GA 30501

Phone: 678 971-5005

Fax: 678-971-5009

Email: Office@aaonga.com

Patient Information:

Patient's Name: _____

Address: _____

City: _____ Zip: _____

Social Security #: _____ - _____

Date of Birth: _____

Signature: _____

(Guardian signature, if patient is a minor)

Guardian's Name: _____

(Print Guardian's name as signed above)