



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 your medical practice 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)

For any questions, please contact me at:

Phone: _____

Email: _____