



**NORTHEAST  
ATLANTA  
ENT &  
Allergy**

**Jeffrey Roth, M.D.**  
**Ajaz L. Chaudhry, M.D.**  
**Ravi Gorav, M.D.**  
**Matthew Carmichael, M.D.**  
**Travis L. Weinsheim, D.O**  
**Tanisha Hutchinson, M.D**

766 Walther Road  
Suite 300  
Lawrenceville, GA 30046  
(770) 237-3000 Phone  
(770) 237-5530 Fax

3915 Johns Creek Court  
Suite 100  
Suwanee, GA 30024  
(770) 237-3000 Phone  
(678) 992-2540 Fax

2089 Teron Trace  
Suite #215  
Dacula, GA 30019  
(470)-238-3459 Phone  
(470)-238-3181 Fax

**Physician's Assistant**  
Angela Jones, PA-C  
Christine Kovel, PA-C  
Justin Vinomon, PA-C  
Mallory Grizzle, FNP-C

**Doctors of Audiology**  
Elizabeth J. Nerren, Au.D.  
Katie M. Saleeby, Au.D.  
Sara M. Woolley, Au.D.  
Lindsay Katz, Au.D.

**RELEASE OF MEDICAL RECORDS**

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize the release of:

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records should be sent to:

Office/Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Sign: \_\_\_\_\_

(Patient/Parent/Legal Guardian)

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

**PLEASE NOTE THERE IS A FEE FOR REPRODUCING PATIENTS RECORDS. THESE FEES ARE IN  
ACCORDANCE WITH GA ST SEC 44-115-80 AND ARE AS FOLLOWS:**

- . \$25.88 Search and retrieval (Certification Fee \$9.70 if applicable)
- . \$0.97 per page for pages 1-20
- .\$0.83 per page for 21-100
- .\$0.66 per page for pages over 100
- . Actual Postage

Authorization will expire in 12 months from date of signature