

JOON AHN, M.D.
ANITA BHANDIWAD, M.D., F.A.C.C.
YOUSSEF G. CHAMI, M.D., F.A.C.C.
MITCHELL G. DAVIS, M.D., F.A.C.C.
ABHISHEK GAUR, M.D., F.A.C.C.
BRENDA HOTT, M.D., F.A.C.C.
CHRISTOPHER LEACH, M.D.
JAY H. JOSEPH, M.D., F.A.C.C.
MARK E. LEIMBACH, M.D., F.A.C.C.
200 South Enota Dr. Ste. 200 ❖ Gainesville, Ga 30501



NORTHEAST GEORGIA
HEART CENTER, PC

J. JEFFREY MARSHALL, M.D., F.A.C.C.
LALITHA C. MEDEPALLI, M.D., F.A.C.C.
GARY M. MINKIEWICZ, M.D., F.A.C.C.
N. NEELAGARU, M.D., F.A.C.C.
KASHYAP B. PATEL, M.D.
KARTHIK RAMASWAMY, M.D., F.A.C.C.
TIMOTHY A. SCULLY, M.D., F.A.C.C.
PRADYUMNA E. TUMMALA, M.D., F.A.C.C.
STEVEN WANG, M.D.
MARK W. WOLOZIN, M.D., F.A.C.C.
Phone: (770) 534-2020 ❖ (770) 534-8025

WWW.NGHEARTCENTER.COM

To: _____

DOCTOR OR HOSPITAL

ADDRESS

BY SIGNING THIS RELEASE, I AUTHORIZE YOU TO OBTAIN RECORDS FROM ANY FACILITY LISTED ON MY MEDICAL HISTORY FORM.

PLEASE RELEASE TO:

NORTHEAST GEORGIA HEART CENTER, P.C.
200 SOUTH ENOTA DRIVE, SUITE 200
GAINESVILLE, GA 30501
770-534-2020

NAME

DATE

ADDRESS

SOCIAL SECURITY NUMBER

D.O.B.

SIGNATURE _____ WITNESS _____