

Barry J. McCasland, M.D.
Diplomate of the American Board of Psychiatry & Neurology

General Adult Neurology
Electrodiagnosis (EMG/NCV)

AUTHORIZATION TO OBTAIN PROTECTED HEALTH RECORDS

Patient Name: _____ Date of birth: _____

Check here if STAT request _____

I authorize _____ to release my protected health information to:

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Atlanta, GA 30342
Phone: (404) 531-0334
Fax: (404) 531-0494

Please send the following records for continuity of care:

Patient signature: _____ Date: _____
(or authorized representative)

Witness: _____ Date: _____