229 Athens Street
Hartwell, Georgia 30643
Telephone (706) 376-3957
Facsimile (706) 377-2814

E. Wade Walker, M.D. • JoDon Garringer, M.D. • B. Jamison White, D.O.
MacKenzie Cheek, NP-C • Brad Jones, FNP • Austin Darbyshire, FNP

_____

Patient's name Social Security Date of Birth

Which physician at Hartwell Family Practice would you like to receive your records?

_____ E. Wade Walker, M.D.
_____ B. Jamison White, D.O.
_____ JoDon Garringer, M.D.
_____ Any Provider
_____ MacKenzie Cheek, NP-C *

*NEW PATIENTS PLEASE NOTE: If you choose a NP provider and are accepted as a patient, your first visit to the practice will be with a MD/DO provider and future visits will be with your accepting NP.

_____Brad Jones, FNP(Established Patients Only)

From whom do you wish to forward your medical records to Hartwell Family Practice, P.C.?
Name of person/Facility, Address, Phone or fax number as applicable

_____
_____
_____

Please forward the following information to Hartwell Family Practice, P.C.

( ) NEW PATIENT REQUEST: H&P, medication list, & last 3 office notes and labs

( ) complete medical record ( ) partial record ( ) specific date _____

Including information in reference to: (check all that apply)

( ) drugs and/or alcohol abuse ( ) Psychiatric
( ) venereal disease ( ) Social services
( ) Hepatitis B testing/treatment ( ) HIV testing/treatment
( ) Other _____

Why are you requesting that your records be sent to Hartwell Family Practice?

_____
_____
_____

This authorization is valid for 90 days and may be revoked in writing at any time, except to the extent that action has already been taken in response to this authorization. I also release Hartwell Family Practice, P.C. from any liability or legal responsibility in connection with the release of the above information. I do not give permission for any other use or re-disclosure of this information.

**I also accept the risk and consequence of faxing medical records.**

_____ _____ _____ _____

Patient Signature Guardian Signature (if under 18) Telephone Date

****PLEASE MAIL/FAX RECORDS TO THE ADDRESS ABOVE ****

**Below is for HFP Use Only**

Date Sent:_____ Initial:_____