

Date Sent:_____ Initial:____

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. Austin Darbyshire, FNP • MacKenzie Cheek, NP

Patient Signature Gua	ardian Signature (if under 18)	Telephone	Date
action has already been taken P.C. from any liability or legant give permission for any o	90 days and may be revoked in in response to this authorizational responsibility in connection wither use or re-disclosure of this in the consequence of faxing medical in the consequence of the consequence of faxing medical in the consequence of faxing medical in the consequence of the co	 I also release Hartwell Fath the release of the above information. 	mily Practice,
Why are you requesting that	your records be sent to Hartwell	Family Practice?	
() drugs and/or alcohol abus() venereal disease() Hepatitis B testing/treatm	() Social services	tment	
() complete medical record	() partial record () s	specific date	
9	information to Hartwell Family I EST: H&P, medication list, & las		
Name of person/Facility, Add	orward your medical records to deletes, Phone or fax number as ap	•	.C.?
Any Provider	*NEW PATIENTS PI are accepted as a patien DO provider and future	EASE NOTE: If you choose a FNP prot, your first visit to the practice will be with visits will be with your accepting FNP.	n a MD/
Which physician at Hartwell E. Wade Walker, M B. Jamison White, 1		o receive your records? Darbyshire, FNP * enzie Cheek, NP *	
	Social Security	Date of Birt	11