

Ross and Associates Medical Partners
33 Upper Riverdale Rd #107
Riverdale, GA 30274
678-489-6734 (office)
888-498-4760
www.rampupthecare.com



Authorization to Release Medical Information

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____

I, _____ authorize the release of the following protected health information

TO : Name: _____ Phone: _____
Address: _____ Fax: _____

FROM : Ross and Associates Medical Partners Phone: 678-489-6734
33 Upper Riverdale Rd. Ste 107, Riverdale Ga 30274 Fax: 888-498-4760

- ☐ History and Physical ☐ Consultations ☐ Other _____
☐ Pertinent Reports (labs, radiology, pathology, etc)

The purpose of the release of medical information is:

- ☐ Medical Care/Treatment ☐ Personal ☐ Financial ☐ Legal

I have read and understood the information in this authorization.

Parent/Guardian Signature: _____ Date: _____