Milner Vein & Vascular

MEDICAL RECORD RELEASE

Name: _____ DOB: _____

Address: _____

Authorize the release of my Medical Records:

From: _____

_____

_____

To: Milner Vein and Vascular

Hillandale Office

5700 Hillandale Dr. Ste 120

Lithonia, GA 30058

678-580-1149 (P)

770-557-1347 (F)

Snellville

2795 Main St. W. Bldg. 21

Snellville, GA 30078

Signature: _____ Date: _____