SAVANNAH OB/GYN, PC

Heart & Lung Building
5356 Reynolds Street, Suite 410

P: (912) 355-8136
F: (912) 352-7014

Alan E. Smith, M.D.
Sarah B. Skinner, M.D.
Angelyn Dekle, RN, MSN, FNP
Melanie L. Howard, RN, MSN, FNP
Leah Marks, RN, MSN, FNP

Life Care Building
5353 Reynolds Street, Suite 300

P: (912) 355-4408
F: (912) 355-5643

Ashley Hunsuck, M.D.
Elizabeth McIntosh, M.D.
Sarah Jarrell, M.D.
Lawrence N. Odom, M.D.
Glen L. Scarbrough, M.D.
Gretchen Eichenlaub, RN, MSN, WHNP
Courtney Pierre, RN. MSN, WHNP
Morgan Whelan, RN, MSN, WHNP

OBTAIN MEDICAL RECORDS

To: _____

Fax # _____

Address: _____

_____

RE: Patient's Name _____

Date of Birth _____

SSN # _____

Patient's Address _____

_____

I request that all my medical records be released to the following:

Savannah OB/GYN, P.C.
5356 Reynolds Street, Suite 410 • 5353 Reynolds Street, Suite 300
Savannah, GA 31405

I place no limitation on history or illness or diagnostic and therapeutic information, including any treatment for alcohol, drug abuse, HIV test, or psychiatric disorders.

This authorization can be revoked, but not retroactive to the release of information made in good faith.

_____ _____
Date Signature of Patient (or guardian)

_____
Relation to Patient (if applicable)