Jeff M. Williams, MD
Board Certified Gastroenterologist

Main Office
3320 Old Jefferson Road
Building 400
Athens, GA 30607
(706) 613-1625 Phone
(706) 613-1629 Fax

MEDICAL RECORD RELEASE

Date: _____

To: _____

Address: _____

Phone #: _____ Fax #: _____

I hereby authorize you to release my medical records to:

DR. JEFFREY WILLIAMS
ATHENS GASTROENTEROLOGY ASSOCIATION
3320 OLD JEFFERSON ROAD, BUILDING 400
ATHENS, GA 30607
OFFICE # (706) 613 – 1625 FAX # (706) 613 – 1629

Any information including the diagnosis and records of any treatment or examination rendered to me from: _____ to _____.

_____
Patient name

_____
Patient signature

_____ / _____
Date of birth SSN

_____
Witness

Commerce
Northridge Specialty Clinic
209 Mercer Place
Commerce, GA 30529

Greensboro
Tender Care Clinic
803 South Main Street
Greensboro, GA 30642

Lavonia
St. Mary's Sacred Heart
367 Clear Creek Drive Suite 2003
Lavonia, GA 30553

Hartwell
Hartwell Family Practice
229 Athens St.
Hartwell, GA 30643