

Jeff M. Williams, MD
Board Certified Gastroenterologist



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Date: _____

**I hereby authorize the release of my medical records from:
Dr. Jeff Williams / Athens Gastroenterology Association
3320 Old Jefferson Rd, Building 400 Athens, Ga 30607
Phone: (706) 613 – 1625 Fax: (706) 613 – 1629**

To be released to the following:

Physician Name / Facility:

Address:

Phone Number/ Fax Number:

_____ / _____

Patient Name:

Patient Signature:

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