

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:

Lavonia
St. Mary's Sacred Heart
367 Clear Creek Drive
Suite 2007
Lavonia, GA 30553

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

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

Madison
Morgan Medical
Center
1740 Lions Club
Suite 100
Madison, GA 30650

Commerce
Northridge Specialty
Clinic
209 Mercer Place
Commerce, GA 30529