



Mount Vernon

Premier Care

David M. Dubose, M.D.

Gladstone A. Sellers, M.D.

To Whom It May Concern,

, DOB , has recently come under medical care, and I would appreciate a copy or summary of your pertinent medical records on this patient. Please mail then to the address listed below, along with a copy of this request. If there are just a few pages, you may fax them to 404-252-8930. The patient has authorized this request.

Thank you in advance for your cooperation in this matter.

Sincerely,

Gladstone A. Sellers, M.D.

Authorization

My doctor needs to be fully informed in order to provide me with the best medical care possible. This authorization permits you to disclose the following information for treatment purposes (check one):

My complete medical file including federally protected information such as drug/alcohol abuse, behavioral health treatments, and/or HIV/AIDS related information.

Only the following information:

This authorization will expire on

(expiration date or defined event)

You will not receive payment or other remuneration from Mount Vernon Premier Care, LLC nor Gladstone A. Sellers, M.D. in exchange for disclosing this information.

Signature of patient or legal guardian

Relationship to patient

Print name of patient or legal guardian

Date