

Martha B. Boone, MD LLC

Board Certified Urologist

**AUTHORIZATION TO RELEASE MEDICAL RECORDS
PLEASE FAX TO 404-705-8314**

Dear Dr. Martha B. Boone,

This letter will authorize you to provide a copy of my complete medical record to the following person:

Name: _____

Address: _____

Patient's Name: _____

SS# _____ DOB _____

Signature of Patient _____

Date _____

Release of Medical Records

Martha B. Boone, MD LLC charges fees as designated by the State of Georgia for medical records copying charges, including the cost of supplies, labor, and postage.

Please follow these steps to ensure the successful and timely completion of your medical records:

- Complete the Authorization to Release Medical Records Form or submit a written request.
- Please allow 10 business days for completion.
- Please remember, the request will be completed after we receive your payment. We encourage you to submit your request as soon as possible
- If you have been sent to Dr. Boone by another physician, she will send a "summary letter" of your care to that doctor.
- Dr. Boone is available to speak to any doctor at anytime (unless she is out-of-town, or in surgery) about any emergency condition that you might have.
- As a courtesy, we will fax your records without charge to you referral doctor, one time after the date of service. If you require your records to go to more than your referral doctor, then processing fees will apply.

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