

**NSC Cardiology Inc – [www.heartdrsingh.com](http://www.heartdrsingh.com)**

**5400 Laurel Springs Parkway, Ste 1401 Johns Creek, GA, 30024**

**1100 Northside Forsyth Dr, Ste 345, Cumming, GA, 30041**

**Phone - 678-208-0165 Fax -888-814-0852 Email - DrSingh@nsccardiology.com**

**REQUEST FOR RELEASE OF MEDICAL RECORDS**

This form to be used if we need to get records from a previous physician or previous hospital stay

**TO :**  NAHVC  AHS  Other

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**I hereby request that all my medical records be released to NSC Cardiology Inc promptly.**

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**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Patient Signature:** \_\_\_\_\_

Georgia law, (O.C.G.A. § 31-33-2(a)(2)), requires a physician to provide a current copy of the record to the patient under most circumstances. Also, O.C.G.A § 31-33-2(b) allows a patient or his/her designee to receive a copy of the requested record(s).

**PLEASE FAX TO 888-814-0852**

**OR E-Mail to [lynae@nsccardiology.com](mailto:lynae@nsccardiology.com)**