HARSCH & OSBORNE, M.D., P.C.
SOUTHEASTERN PRIMARY CARE PROVIDERS

AUTHORIZATION FOR RELEASE OF INFORMATION OR MEDICAL RECORDS

John A., Harsch, M.D.
Board Certified
Internal Medicine

William R. Osborne, M.D.
Board Certified
Internal Medicine

Roger G. Carr, M.D.
Board Certified
Internal Medicine

Larry Bergere, M.D.
Board Certified
Internal Medicine

Richard Goodjoin, MD
Board Certified
Internal Medicine

Tamra Casper, ANP-C
Nurse Practitioner

Laura Dean, PA-C
Physician's Assistant

Pamela Stoneburner
Practice Manager

____
Doctor's Full Name **(required)**

____
Office Address **(required)**

____
Office Phone and Fax Numbers **(required)**

I hereby authorize the practitioner or facility listed above to release any and all medical records regarding the named patient's medical care to Harsch and Osborne, MD, PC. I specifically authorize the release of the following information on:

( ) Laboratory Reports
( ) Pathology Reports
( ) Progress Reports
( ) Psychiatric Reports
( ) History and Physical
( ) Operative Reports
( ) Radiology Reports
( ) Special Diagnostic Reports
( ) Discharge Summary
( ) other: ALL RECORDS

***Please forward copies to*:** Harsch and Osborne, MD, PC
105 Carnegie Place, Suite 103
Fayetteville, Georgia 30214

Patient Name______________________________

DOB____________________

______________________________ ______________ ___________________
Signature of Patient or Guardian Date Relation to Patient

_____________________________ ________________
Witness Date