



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Information to be released:

\_\_\_\_\_ Discharge Summary \_\_\_\_\_ Radiology Reports \_\_\_\_\_ Operative Reports

\_\_\_\_\_ Laboratory Reports \_\_\_\_\_ Pathology Reports \_\_\_\_\_ EKG Reports

\_\_\_\_\_ Clinic Notes \_\_\_\_\_ Other \_\_\_\_\_

Records requested **from**: \_\_\_\_\_

(Outside facility or office)

\_\_\_\_\_

\_\_\_\_\_

Please send records to:  
Oconee Valley Healthcare  
803 South Main Street  
Greensboro, GA 30642  
Fax: 706-454-0337

I request that OVH send my records **to**:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Witness: \_\_\_\_\_

Date: \_\_\_\_\_