

**NORTHEAST GEORGIA PODIATRY , PC**  
590 SOUTH ENOTA DR NE  
GAINESVILLE, GA 30501  
PHONE: 678-465-7180

DR. PURVI SHAH

**AUTHORIZATION FOR RELEASE or RECEIPT OF HEALTHCARE INFORMATION**

PATIENT NAME: \_\_\_\_\_ DATE OR BIRTH: \_\_\_\_\_

PREVIOUS NAME (IF APPLICABLE): \_\_\_\_\_

I request and authorize Northeast Georgia Podiatry, P.C. to release healthcare information, including x-rays of the above names patient to:

- Primary Care Physician/Pediatrician: \_\_\_\_\_
- Specialist(s) (specify): \_\_\_\_\_
- Family member(s) (specify): \_\_\_\_\_
- All my physicians
- I also authorize Northeast Georgia Podiatry, P.C. to request my health care information from above mentioned persons or practices.

Patient Signature (or authorized representative): \_\_\_\_\_

Print Name: \_\_\_\_\_

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