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August 1, 2011

REQUEST FOR RELEASE OF MEDICAL RECORDS

Dr. Dan Stephens must retain your medical records as prescribed by the Georgia Medical Board. The State Office of Planning and Budget determine all maximum fees for Search, Retrieval, Administrative Costs, Certification Fees and Copying Cost. The following are considerably lower than the state's allowable.

___ Please release up to 20 pages of my most pertinent records. My check for \$25.00 is enclosed.

___ Please release 100 pages of my most pertinent records. My check for \$ 85.00 is enclosed.

___ I wish to have copies of all of my records. A deposit check for \$25.00 is enclosed and will call the office for an estimated cost.

You must provide the following information:

Complete Name

Date of Birth

Street Address

City, State & Zip code

Phone Number

Signature

Date