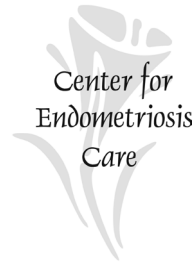


# KENNY R. SINERVO, MD, MSC, FRCSC, ACGE, LLC & ASSOCIATES



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CenterForEndo.com

## MEDICAL RECORDS RELEASE REQUEST & AUTHORIZATION

<b>Patient Information</b>	
<b>Patient Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	<b>Telephone</b>
<b>Dear Healthcare Provider:</b> On behalf of Kenny R. Sinervo, MD, FRCSC, LLC/the Center for Endometriosis Care, we respectfully request the release of Medical Record(s) on behalf of the above-named patient.	
<b>Information Requested:</b> Surgical pathology reports (if any), operative notes (if any), surgical photos (if any), imaging and/or diagnostic report(s).	
<b>Restrictions and/or Exclusions (if any):</b> No other records are necessary.	
<b>Purpose of Release:</b> <i>SURGICAL CONSULT. PLEASE RELEASE <b>DIRECTLY TO THE PATIENT</b> IN ADVANCE OF THEIR CONSULT.</i>	
Name of person completing this form and relationship to patient:  Name: _____ Relationship: _____  Signature: _____ Date: _____	
<b>THANK YOU FOR YOUR KIND ASSISTANCE.</b>	

**Dear Provider(s):** We greatly appreciate your kind courtesy and support on behalf of your above-named patient. *Please make a copy of this release for your records. Thank you.* Please call us at 770-913-0001 with any questions.