



MARC J. KORNFIELD, M.D., P.C.
PHYSICAL MEDICINE & REHABILITATION

REQUEST TO RELEASE MEDICAL RECORDS

I, _____, would like to request
(Please print name)

that Marc J. Kornfield MD, PC, release my medical records. Please fax/mail these records to
(provide whose attention the records are to be sent and the fax number or full mailing address)

Signature of Patient

Date of Birth

Date of Request

1335 Canton Road, Suite C
Marietta, GA 30066
(770) 425-1170
(770) 425-1137