

**Briarcliff Pediatrics, P.C.**  
"For A Healthy Journey Through Childhood"  
**Raymond Deeb, M.D.**  
**Ashley Brown, M.D.**  
2849 Henderson Mill Road  
Suite A  
Atlanta, GA 30341  
Phone (770) 939-7676  
Fax (770) 939-7620

**Medical Records Release Form**

**Patient Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Parent's Contact #:** \_\_\_\_\_

**Reason For Request:**

\_\_\_\_\_

I authorize Briarcliff Pediatrics to release my child's medical records to:

\_\_\_\_\_  
\_\_\_\_\_

I release Briarcliff Pediatrics, P.C. from all legal responsibility or liability  
that may arise from this authorization.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION**

**Office Use Only:**

**Received Date/Time:**

**Mailed/ Parent Picked Up Date & Time:**