

**ALPHARETTA CARDIOLOGY, L.L.C.**

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**MARLENE L BLAISE, M.D., F.A.C.C.**

**Authorization for Release of Medical Records**

To \_\_\_\_\_:

I authorize you to furnish a copy of the medical records of \_\_\_\_\_,  
date of birth \_\_\_\_\_ covering the period from \_\_\_\_\_ to \_\_\_\_\_ or to allow those  
records to be inspected or copied by Dr. Marlene Blaise and/or staff. I release you from all legal  
responsibility that may arise from this authorization.

Specific Records: \_\_\_\_\_  
\_\_\_\_\_

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

Witness: \_\_\_\_\_