CORE PLASTIC SURGERY
WHEN RESULTS MATTER

AUTHORIZIATION TO RELEASE MEDICAL RECORDS

DATE: _____

TO: _____

_____

_____

I, _____, HEREBY AUTHORIZE YOU TO RELEASE ANY AND ALL MEDICAL RECORDS TO:

Grady B. Core, M.D.
3595 Grandview Parkway
Suite 150
Birmingham, AL 35243
Office # (205) 397-2100 **Fax** # (205) 397-2101

_____
PATIENT SIGNATURE

_____
DATE OF BIRTH

_____
SOCIAL SECURITY NUMBER