

CSI RESEARCH, INC.
11379 Southbridge Parkway
Suite B
Alpharetta, GA 30022

REQUEST FOR RELEASE OF MEDICAL RECORDS

Release to:

- Jeffrey D. Lieberman
 Mohammed Abubaker

and:

**CSI RESEARCH INC.
11379 Southbridge Parkway
Suite B
Alpharetta, GA 30022
(770) 667-0220**

I hereby request and authorize you to release:

- Complete medical records, including office notes, lab results and x-rays.
 Recent lab Work
 Recent x-ray reports
 Other

PATIENT NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

PATIENT SIGNATURE: _____