WORLD TRAVEL CARE, LLC
5673 Peachtree Dunwoody Road, Suite 600
Atlanta GA 30342
Phone: (404) 459-4393/ Fax: (404) 459-4390

REQUEST FOR RELEASE OF MEDICAL RECORDS

DATE:_____

TO: World Travel Care, LLC

FROM: Patient Name _____Date of Birth_____

Please forward my medical records to the following entity/individual (patient name, or other name, or doctor's office):

_____

By the following method of transmission (check one method):

Fax (to this number)_____ USPS Mail _____

If the records are to be mailed, here is the address:

_____

Patient Signature:_____

If Minor, Signature of Parent or Legal Guardian:_____