



**Family Practice & Weight Loss Center, P.C.**  
**Varinder K. Singh, MD, FAAFP**  
**Board Certified American Board of Family Practice**  
**Board Certified American Board of Bariatric medicine**

1533 Pleasant Hill Rd., Ste. 203  
Duluth, GA 30096  
Tel. (770) 931-3434, Fax (770) 931-3401

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**Release of Medical Records**

To: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_

I hereby authorize you to release medical records on:

\_\_\_\_\_  
(Patient's name)

\_\_\_\_\_  
(Date of Birth)

Please fax/mail records to: Family Practice & Weight Loss Center  
1533 Pleasant Hill Rd., Ste 203  
Duluth, GA 30096  
TEL.(770) 931-3434, FAX (770) 931-3401

Information Needed:

- \_\_\_\_\_ All Records
- \_\_\_\_\_ Hospital Stay
- \_\_\_\_\_ Hospital Discharge
- \_\_\_\_\_ Immunization only
- \_\_\_\_\_ Laboratory
- \_\_\_\_\_ Operative Report
- \_\_\_\_\_ Pathology Report
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Patient's or Guardian's Signature)