



Diagnostics Cowles Clinic

Navicent Health Baldwin

Release to obtain medical information:

Patient: _____ Date of Birth: _____

Exams requested:

I hereby authorize: _____

To release to: Diagnostics Cowles Clinic Navicent Health Baldwin

1000 Cowles Clinic Way, Pine Building

Greensboro, GA 30642

Phone 706-454-2660 Fax 706-454-2658

I, the undersigned, hereby authorize the release of all images listed and their reports. I understand that I may withdraw this authorization with written notice except to the extent that action has been taken based on my consent.

Date: _____ Signed: _____