



Medical Records Release for NEWS
Medical Office of Drs. Melville, Schultz and McDonald

Send To: _____

Patient Name: _____

Date of Birth: _____ Phone: _____

Signature: _____ Date: _____

Please forward copies of my:

- laboratory work [**All and any**]
- PAP smears & Biopsy Reports
- diagnostic studies [**All and any**]
- mammograms
- bone densities
- ultrasounds
- colposcopy
- operative reports [**All and any**]

DO NOT SEND PROGRESS NOTES OR ORIGINAL X-RAYS
Thank you!

Forward or Fax To:

NEWS

Dr. Kirk A Melville / Dr. Elizabeth L Schultz / Dr. Mel McDonald
1351 Stonebridge Pkwy #106
Watkinsville, GA 30677

Phone: 706.769.0720

Fax: 706.769.8754

A Note to Our Patients:

Please send this form to appropriate, physicians, hospitals, or clinics in time for your records to arrive in our office before your appointment. Thank you.

Appointment Date: _____ Appointment Time: _____