



New
Horizon
Research
Group

Medical Affiliated Research Center

303 Williams Ave. Suite 511
Huntsville, AL 35801
(256) 533 - 6603

North Alabama Research Center

721 W. Market St. Suite B
Athens, AL 35611
(256) 771 - 9919

Cullman Research Center

909 Graham St. SW Suite D
Cullman, AL 35055
(256) 735 - 4262

Medical Records Release Request

Patient Full Name: _____

Date of Birth: ____/____/____

_____ Please send copies of the complete records in your possession concerning my treatment.

OR

_____ Specific Records: _____

Please forward copies of my records to:

_____ Medical Affiliated Research Center
303 Williams Ave., Suite 511
Huntsville, AL. 35801
Office: 256.533.6603
Fax: 256.564.7160

_____ North Alabama Research Center
721 W. Market St., Suite B
Athens, AL. 35611
Office: 256.771.9919
Fax: 256.771.2026

_____ Cullman Research Center
909 Graham St. SW, Suite D
Cullman, AL. 35055
Office: 256.735.4262
Fax: 256.735.4264

Patient Name (PLEASE PRINT): _____

Patient Signature: _____

Date: ____/____/____