

Krishna Kakani, MD
699 Gallatin St SW
Suite B1
Huntsville, AL 35801

(256) 251-5121

(256) 469-6061

Release of Medical Records

I, _____, request and give my permission to
Patient Name

Dr. _____ to release my medical records to the following:

Physician Name: Dr. Krishna Kakani

Physician Address: 699 Gallatin St SW, Suite #B1

City: Huntsville State: AL Zip: 35801

Phone Number: 256-251-5121 Fax Number: 256-469-6061

and

Physician Name: _____

Physician Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Printed Patient Name

Date of Birth

Social Security #

Patient Signature

Today's Date

Witness

Today's Date