



Dr. Simon Cofrancesco
GI North, P.C.
1505 Northside Blvd., Suite 1800
Cumming, GA 30041
Phone: 404-446-0600 * Fax: 404-446-0601

**I, _____, authorize to release my medical records
from _____.**

**Please send copies of my medical records to
GI North, P.C.
Dr. Simon Cofrancesco
1505 Northside Blvd., Suite 1800
Cumming, GA 30041
Fax: 404-446-0601**

Thank You,

Signature

Date