FACILITY: MG MR#_ 1961970



APR 29 2021
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Name of Patient	Justin od	om	ELDIOL OF MI	EDIOAL NEO		INFORMATION	
Address:	217 Howell chase			Phone #: 901-524-9672 Patient's Date of Birth: 3/1/1982			
raugeos.							_
	Duluth, GA 30096						_
Laureate Medios	d Group identi	fied above is he	ereby authorized	to (Please me	rk annennela	to havi-	
Release to Oldentify by name	R C Receive le or facility a	from the follow nd indicate ad	ing person(s) or dress or fax to	entity(jes) or c	lass of person Justin odo	n(s) or entity(ies) (PI	0430
Address: 21	7 Howell ch	ase Dul	uth, GA 300	96			
Fax:							.
The following Id Complete Me ID Labs only	edical Record	☐ Abstract of	Medical Recon	the patient d (physician dio DEKG on	tated reports	mark appropriate & diagnostic reports	box(es)):
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