



Release of Patient Records

Complete this form if AppleCare must obtain info from your previous health provider

Date: _____

TO: _____

I hereby authorize you to release to AppleCare, LLC and/or _____
any information including diagnosis, records and x-rays of any treatment or examination rendered to me.

Patient's Name: _____

Date of Birth: _____

Witness

Patient

Brunswick: 912-264-9111 • 1111 Glyngo Parkway Bldg 1 Suite 10, Brunswick GA 31525

Jesup: 912-588-9110 • 111 Colonial Way, Jesup, GA 31545

Pooler: 912-330-9655 • 1215 US Highway 80 E, Suite 600, Pooler, GA 31322