

**Midtown Neurology, P.C.**

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**I hereby request medical records in paper or CD format for the patient below  
(Please send larger medical records on a CD, if your facility has the capability)**

**Patient Name:** \_\_\_\_\_ **Chart:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**You are hereby authorized to release copies of:**

**Office Notes** \_\_\_\_\_ **Lab Reports** \_\_\_\_\_ **X-Ray Reports** \_\_\_\_\_

**All Records** \_\_\_\_\_ **Other:** \_\_\_\_\_

**From:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To: Midtown Neurology, PC**

**285 Boulevard NE**

**Suite 610**

**Atlanta, GA 30312**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Have you been a hospital patient at Atlanta Medical Center (AMC)  
in the past year?**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**