



Dear Patient:

Thank you for contacting **Resurgens Orthopaedics** Medical Records Department. To better serve you with your request for medical records, **Resurgens Orthopaedics** has partnered with Sharecare Health Data Services. Sharecare Health Data Services will fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have *specific* instructions included as to **what** records you are requesting and **where** you are requesting, they be sent. You also have a choice of **how** you would like to have your records delivered. For records to be delivered directly to you, please choose mail or email. For records to be delivered to another doctor, please choose fax or mail. Please select only one option. *The fax delivery option may only be used for records going to a doctor.*

For Records being sent to Another Health Care Provider

Please provide as much contact information for your other Doctor, including the address, phone & fax.

While faxing is the preferred method when returning the completed Authorization, it can also be dropped off at any of the Resurgens Orthopaedics' locations or mailed to:

**Resurgens Centralized Medical Records
5671 Peachtree Dunwoody, Suite 700
Atlanta, GA 30342**

Should you choose to fax your completed Authorization, please include a copy of your Driver's License and fax to: **404-215-2063**

Questions? Please contact a Sharecare Health Data Services representative by calling:
866-967-0133.

Thank you,

Medical Records Supervisor
Resurgens Orthopaedics



Resurgens Centralized Medical Records
5671 Peachtree Dunwoody Rd, Suite 700
Atlanta, GA 30342 | Fax 404-215-2063

** For non-emancipated minors under the age of 18, a parent or guardian must sign release form. If patient is unable to sign, a copy of the legal documentation for patient's representative must be supplied with a copy of this form.*