



Clocktower Medical Group
Brian McNiece, MD, Family Medicine

Patient Name: _____

Date of Birth: _____

MEDICAL RECORDS RELEASE

I, _____, authorize the release of my medical records from

(Name of Practice)

Please send copies of my medical records to:

Thank you.

(Signature)

(Date)

Brian D. McNiece, MD
Clocktower Medical Group, LLC
306 E 6th Ave
Rome, GA 30161
P: 706-262-7850
www.ClocktowerMedical.com