



Continuity of Care Request Form

Patient Name: _____ Patient DOB (MM/DD/YYYY): _____

Requester's Name: _____ Requesting Facility/Provider: _____

Facility Phone: _____ Facility Fax: _____

Laureate Medical Group Provider Name: _____

Documentation Requested:

Most Recent (2):

- Abstract of Medical Record (Physician Dictated Reports & Diagnostic Reports)
- Labs Only
- Radiology Only
- EKG Only

Patient in office now:

- Yes
- No

*Please call if the patient is currently in the office and this is a STAT request.

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Pkwy, Suite 500
Alpharetta, GA
30005

678-775-2284

Fax: 678-775-2285

460 Northside
Cherokee Blvd,
Suite 170, Canton,
GA 30115

678-538-2167

Fax: 678-538-2165

4800 Olde Towne
Parkway, Suite 400
Marietta, GA 30068

678-718-2940

Fax: 678-718-2941

7823 Spivey Station
Blvd, Suite 310
Jonesboro, GA
30236

770-996-1122

Fax: 770-907-1429

550 Peachtree St, NE
Suite 1550
Atlanta, Georgia
30308

404-892-2131

Fax: 404-215-9222

6135 Barfield
Road
Suite 200
Atlanta, Georgia
30328

404-256-8500

Fax: 404-256-8506

684 Sixes Road
Suite 265
Holly Springs, GA
30115

770-720-2221

Fax: 770-720-2282