



Seshadri Raju, M.D., F.A.C.S.
Arjun Jayaraj, M.D.
Taimur Saleem, M.D.
Brandi Burr, FNP-C
Jerad Robinson, FNP-C
Kristen Degelman, FNP-C
Jenna Stokes, FNP-C

Medical Records Release

Patient Name: _____ Date of Birth: _____

Patient's Telephone #: _____

Insurance Provider: _____

I HEREBY AUTHORIZE YOU TO RELEASE MY MEDICAL RECORDS TO:

THE RANE CENTER
971 Lakeland Drive
Suite 401, East Tower
Jackson, MS 39216
601-939-4230 Office
601-664-6694 Fax

Signature

Date