

Contact Information and Medical Records

We will provide a copy of your medical records upon written request. Sleep patients who wish to continue under our care at Emory Sleep do not need to request records. If you need a copy of your records, print the Authorization To Release Form from this site, email the completed form to info@pssatl.com or fax to 404.499.0531 or mail to the address below. Records can be emailed (be sure your email address, name and birthday are legible) or faxed (you must provide fax number for receiving physician if having them sent to another doctor).

Please send all written correspondence for Pulmonary & Sleep Specialists, PC by mail to:

Pulmonary & Sleep Specialists, PC
P. O. Box 500038
Atlanta, Georgia 31150

Address and Telephone of new practice, Emory Sleep:

404.712.7533

Emory Sleep
2665 N. Decatur Road
Suite 440
Decatur, GA 30033