



August 21, 2019

INVESTIGATIVE SUBPOENA

**State of Georgia
County of Fulton**

Before: The Georgia Board of Dentistry

**To: Dr. [Name]
[Address Line 1]
[Address Line 2]**

RE: [Patient Name]

Pursuant to Official Code of Georgia Annotated § 43-1-19(h)(1), (2) and (3) and §43-11-47(h)(1), (2), and (3), you are hereby commanded to produce the following writing, document, or other material for access, examination, and copying to Tanja D. Battle, Executive Director, Georgia Board of Dentistry. In lieu of personal production, you may comply with this subpoena by mailing legible copies of the items to be produced, with the enclosed certificate of authenticity, **by 5:00 p.m. by the tenth day following receipt** to the Georgia Board of Dentistry, Office of Investigations, 2 Peachtree Street, NW., 6th Floor, Atlanta, GA 30303.

Please cause to be provided a copy of the above-referenced patient's **entire** record including without limitation treatment notes, evaluations, diagnoses, prognoses, radiographs, photographs, laboratory reports, laboratory prescriptions, drug prescriptions, insurance claim forms, billing records, and other technical information used in assessing a patient's condition within ten (10) days of receipt of this subpoena. Your statement must contain a legible translation of the treatment notes. Please do not send two-sided copies, and do not fold, staple, or glue any records. Please also certify all records provided. The Certification of Records form **must** be completed, notarized, and returned with the records produced.

Please be advised that any materials you provide become a part of the Board's confidential investigative file and therefore will not be returned to you. It is recommended that you retain the originals and provide our office with duplicates.

Done this _____ day of _____ 20____.

BY ORDER OF:
DRAFT
Tanja D. Battle
Executive Director
Georgia Board of Dentistry

(BOARD SEAL)