

Wake Endoscopy Center, LLC  
Raleigh Medical Group Gastroenterology  
(A Division of Raleigh Medical Group, P.A.)  
2601 Lake Drive, Ste 201  
Raleigh, NC 27607  
Phone (919) 783-4888 Fax (919) 783-4887

Authorization for Release of Medical Information

\_\_\_\_\_  
(Patient's Name) Birth Date (Mo/Day/Yr) \_\_\_\_\_

\_\_\_\_\_  
Address Phone (Home) \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip Code Phone (Other) \_\_\_\_\_

To \_\_\_\_ From \_\_\_\_ \_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

I hereby authorize and request you to release to \_\_\_\_\_ from \_\_\_\_\_  
Wake Endoscopy Center, LLC  
Raleigh Medical Group Gastroenterology  
2601 Lake Dr., Ste 201  
Raleigh, NC 27607  
Fax: (919) 783-4887

Release (Check all that apply):

All Records \_\_\_\_\_ Specific Dates \_\_\_\_\_  
Diagnostic Records \_\_\_\_\_  
Billing Records \_\_\_\_\_

Is this a permanent transfer? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_  
Signature (full name) of patient, legal guardian, if under 18 or POA Date \_\_\_\_\_

\_\_\_\_\_  
Witness Date \_\_\_\_\_

**This authorization will expire 180 days from date executed unless otherwise specified.**

All requests will be processed within 10 business days of the date of the request. We will make every effort to accommodate special requests but this is not always possible. There may be a fee associated with processing any request for medical records. Please contact our medical records department for further information.