



10208 Cerny Street - Suite 308 | Raleigh, NC 27617 | P 919-797-0550 | F 919-381-4621

## REQUEST FOR MEDICAL RECORDS TO BE SENT TO SENTINEL PRIMARY CARE

Date: \_\_\_\_\_ Medical Record Number (to be filled in by practice): \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, (NAME) \_\_\_\_\_, hereby authorize \_\_\_\_\_  
to release the following information:

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="radio"/> All Records | <input type="radio"/> Consultation Notes           | <input type="radio"/> Office Visits   |
|                                   | <input type="radio"/> Discharge Summary            | <input type="radio"/> Pathology Lab Reports                                     |
|                                   | <input type="radio"/> Emergency Department Records | <input type="radio"/> Radiology Reports (ultrasounds,<br>x-rays, MRI, CT scans) |
|                                   | <input type="radio"/> Hospital Records             |   |
|                                   | <input type="radio"/> Surgery/Operative Reports    |   |

Dates of service for requested release:

- All dates
- Date Range: \_\_\_\_\_ to \_\_\_\_\_

I  do  do not authorize release of information related to AIDS, HIV infection, sexually transmitted diseases, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Release information to: Sentinel Primary Care  
10208 Cerny Street, Suite 308, Raleigh, NC 27617  
P 919-797-0550 | F 919-381-4621 | [www.sentinelprimarycare.com](http://www.sentinelprimarycare.com)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_