



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 the practice): \_\_\_\_\_

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

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

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

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

Name and location of the facility who will release the information: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Records requested:

- All Records
- Consultation Notes
- Office Visits
- Discharge Summary
- Surgery/Operative Reports
- Emergency Department Records
- Pathology Lab Reports
- Hospital Records
- Radiology Report (Ultrasound, MRI, Cat Scan, DI)

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.

Revocation/Expiration: This authorization can be revoked at any time unless the provider named above has already acted on upon your request. All requests must be in writing, signed and dated. I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected the federal privacy law.

Release information to: Sentinel Primary Care  
10208 Cerny Street, Suite 308  
Raleigh, NC 27617  
Fax: 919-381-4621

Print name: \_\_\_\_\_

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