Urology Associates of SENC, P.A.

Medical Release Authorization

Request for Healthcare Information

Please forward the healthcare records for the following patient:
Fax to (910) 763-7408 or mail to 1905 Glen Meade Road, Wilmington, NC 28403

Authorization to Obtain Protected Health Information

Patient Name:	Last:	First:	Middle:
Date of Birth:		Phone:	

☐ I authorize Urology Associates of SENC, PA to obtain and the named facilities to release to Urology Associates of SENC, PA my health care information.

From: _____

Address: _____

_____

Phone: _____ Fax: _____

This release applies to:

☐ My complete medical record
☐ My medical records for the dates ____/____/____ to ____/____/____
☐ Lab Test
☐ Diagnostic Imaging Reports
☐ Operative Notes
☐ Office Visit Notes
☐ Other: _____

☐ I prefer that my records be sent in the following manner:

☐ Mail to Address: _____

☐ Phone: _____

☐ Fax: _____ Attention: _____

☐ Email: _____

☐ Hold for Pickup

Patient Signature: (or Guardian)		Date:	
Printed Name of Person Signing:		Relationship to Patient:	