

Family Care, P.A.
Sabrina Mentock, MD
Elaina Lee, MD

2500 Meridian Pkwy, Suite 100
Durham, NC 27713
919-544-6461
919-361-2487 (FAX)

DATE: ___/___/___

REQUEST FOR MEDICAL RECORDS

I authorize: _____

To release my medical records to:

Family Care, PA
2500 Meridian Parkway, Suite 100
Durham, NC 27713

Reason for release:

- Transfer of Primary care
- Clinical Consultation

Records Authorized for transfer:

- All records
- Office Notes for DOS ___/___/___

Signature of patient: _____ Date: ___/___/___

(Print name)

DOB: ___/___/___

SS#: ___/___/___

Witness: _____