

Release of Medical Information

Patient Name (printed) _____

Date of Birth _____

Records Release From:

Kathleen A. Doman, M.D.

Shalini Mundra, M.D.

Manish Goyal, M.D.

Nephrology and Hypertension Consultants, P.A.

8220 University Exec. Park Dr., Ste 125

Charlotte, North Carolina 28262

Phone: 704-503-4400 Fax: 704-503-4030

Records Released to: _____

Attn: _____ Record/Case Number: _____

Fax: _____ Phone: _____

I authorize the Release of the following records to the Company/Individual listed above.

- | | |
|---|--|
| <input type="checkbox"/> History and Physical _____ | <input type="checkbox"/> Medication List/Log _____ |
| <input type="checkbox"/> Progress Notes _____ | <input type="checkbox"/> Pathology _____ |
| <input type="checkbox"/> Hospital Discharge Summary _____ | <input type="checkbox"/> Radiology _____ |
| <input type="checkbox"/> Consults _____ | <input type="checkbox"/> EKG _____ |
| <input type="checkbox"/> Labs _____ | <input type="checkbox"/> Demographic/Billing Information _____ |
| <input type="checkbox"/> Other: _____ | |

I understand that this authorization allows the release of my medical records including information concerning my chemical dependency, positive HIV, AIDS, and/or Hepatitis tests, psychological problems, and the received for the same.

This request will be in effect from the date signed to the above named recipient only. I am aware that I may cancel this request at any time in writing to: Office Manager, 8430 University Executive Park Drive, Suite 685, Charlotte, NC, 28262.

Patient or Guardian Signature

Date

Medical Record Request

Patient Name (printed) _____

Date of Birth _____

I authorize release of records from: _____

FAX: _____

PHONE: _____

Please release my medical records including:

Progress Notes _____

Medication logs/lists

History and Physicals

EKG _____

Lab Flowsheets

Cardio-pulmonary reports

Pathology _____

Hospital discharge summary

Radiology _____

Renal Ultrasound _____

Labs _____

Entire Record

Other _____

Please fax/send records to:

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