

Carolina Women's Health
Dr. J. Stewart Carr, MD
10931 Raven Ridge Rd #113
Raleigh, NC 27614
(919)235-0097 phone

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Patient Name)

Date of Birth (Mo/Dy/Yr)

(Address)

Phone (work)

(City, St, Zip)

Phone (home)

(Medical Record Number)

(Social Security Number)

I, _____, do hereby authorize _____
to release the following:

All records Labs only Progress Notes Operative Notes Other

**To: Carolina Women's Health
Dr. J. Stewart Carr, MD
10931 Raven Ridge Rd #113
Raleigh, NC 276014
(919)235-0097 phone
(919)235-0098 fax**

Is this a permanent transfer? (Circle One) YES / NO Reason for request: _____

Signature of Patient, or Legal Guardian

Date

Witness

Date