



Carolina Elite Women's Care P.A.  
Elite Care for the Elite You

**AUTHORIZATION TO RELEASE MY RECORDS**

I authorize Carolina Elite Women's Care to release my medical records as noted below:

Patient's Full Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Phone#: (\_\_\_\_) \_\_\_\_\_

**SEND MY RECORDS TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax#:** (\_\_\_\_) \_\_\_\_\_

**Phone#:** (\_\_\_\_) \_\_\_\_\_

Information to be Released:

- Entire Chart
- Other: \_\_\_\_\_
- Office Notes
- Operative Notes
- Labs
- Ultrasound Reports

Send only my records from this (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_ to this (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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