



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

**AUTHORIZATION TO RELEASE / SEND MEDICAL RECORDS**

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

Chart#: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROVIDER / FACILITY BEING ASKED FOR INFORMATION:**

Provider / Facility Name: \_\_\_\_\_  
Provider / Facility Address: \_\_\_\_\_  
\_\_\_\_\_

*\*ATTENTION\* Your Provider/Facility may charge you a fee for sending copies of your records to our office.*

**I request and authorize the above named provider/facility to release the following health information concerning me to the following practice:**

Carolina Elite Women's Care  
934 Vandora Springs Rd  
Garner, NC 27529

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

Send ONLY the following specified records: \_\_\_\_\_  
\_\_\_\_\_

**This purpose of releasing this data shall be:**

- continued medical treatment       personal       second opinion
- other reason: \_\_\_\_\_
- complete transfer of care / Reason for Transfer of Care: \_\_\_\_\_

**I understand that I may revoke this consent at any time except to the extent that action based on this consent has already been taken. This consent will automatically expire after 90 days from the date on which it is signed.**

**Patient Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

934 Vandora Springs Rd  
Garner, NC 27529

Ph: (919) 977-7095  
Fx: (919) 977-9289  
carolinaelitewomen.com