

Angela N. Hutzenbuhler, MD Gastroenterology, PA
d.b.a. Raleigh Medical Group, PA
3200 Blue Ridge Rd, Ste 226
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Phone (919) 787-7226 Fax (919) 787-4226

Authorization for Release of Medical Information

(Patient's Name) Birth Date (Mo/Day/Yr)

Address Phone (Home)

City/State/Zip Code Phone (Other)

To:

DIGESTIVE HEALTHCARE, PA / 2417 ATRIUM DRIVE / RALEIGH NC 27607

I hereby authorize and request you to release to:

Angela N. Hutzenbuhler, MD
d.b.a. Raleigh Medical Group, PA
3200 Blue Ridge Rd, Suite 226
Raleigh, NC 27612
Fax: (919) 787-4226

Release (Check all that apply):

All Records _____ Specific Dates _____
 Diagnostic Records _____
 Billing Records _____

Is this a permanent transfer? Yes ___ No ___ Reason for request? _____

Signature (full name) of patient, legal guardian, if under 18 or POA Date

Witness Date

This authorization will expire 180 days from date executed unless otherwise specified.

All requests will be processed within 10 business days of the date of the request. We will make every effort to accommodate special requests but this is not always possible. There may be a fee associated with processing any request for medical records. Please contact our medical records department for further information.