INTERNAL MEDICINE AND PEDIATRICS ASSOCIATES, PA 224 High House Road Suite 100 Cary, NC 27513 Phone (919)380-7531 Fax (919) 380-0686

Patient	: Full Name	Date of Birth
Reason	for Request	
0	Medical Request (Continuing Care)	
0	Medical Request (Transferring Care)	
0	Health Insurance Request	
0	Life/Disability Insurance Request	
0	Legal Request	
0	Other Request	
Informa	ation to be Released	
0	Complete Records	
0	Last CPE/Labs	
0	EKG Date	
0	Specific Records – explain	
Exclusio	ons:	
0	Do NOT send any information relatin	ng to AIDS, ARC or HIV infection
	Do NOT send any information relatin	
	Do NOT send any information relatin	
Irecords s	certify the above specified above.	e request as accurate and hereby authorize release of the
FROM: _ - -		TO: Internal Medicine & Pediatrics Associates 224 High House Road, Suite 100 Cary, NC 27513
		quest based on the standard fees outline below. e completed before it can be processed.
_		Date of Authorization Phone number
	d fees (set by the State of North Caro	 olina)
Copying	\$0.75/page up to 25 pages \$0.50/page up to 100 pages	
	\$0.25/page in excess of 100	
Date Red	ceived:	

CONFIDENTIALITY NOTICE:

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