



Triangle Family Medicine, P.A.
5233 Sunset Lake Road
Holly Springs, NC 27540
Telephone: 919.387.8885
Fax: 919.387.8861

Medical Records Request

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

Contact Phone Number: _____

I authorize the following provider to release my protected health information to Triangle Family Medicine, P.A.

Name of Provider: _____

Name of Facility: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

Information to be released (check appropriate boxes):

- Comprehensive report (including all items listed below)
- Office visit notes
- Laboratory reports
- Immunization records
- Radiology reports
- Operative reports/Procedure notes
- Specific records related to Date/Condition: _____

Patient or Guardian Signature: _____

Patient or Guardian Printed Name: _____

Date: _____

Please note that the office releasing the records may charge a fee for that service