RALEIGH HAND CENTER

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RALEIGH HAND CENTER
CARE OF THE HAND AND ARM

3701 Wake Forest Rd
Suite 100
Raleigh, NC 27609
Phone: 919-872-3171
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Medical Records Request

I, _____, authorize Raleigh Hand Center to
Name of patient

release selected medical records to the following:

Name and address of physician's office: _____
(Including phone & fax)

_____

_____

❑Entire Medical Record
❑Operative Reports
❑Labs
❑Imaging Films ($5 fee)
❑Office Notes Only
❑Occupational Therapy Notes
❑Imaging Reports

In my absence, the following individual is authorized to pick up and deliver my records and/or films to the above location (if patient to pick up, please leave blank).

_____ _____
Person authorized to pick up films/records **Relationship to patient**

_____ _____
Signature of patient **Date**

_____ _____
Staff member completing form **Date**

Thank you, Raleigh Hand Center

PLEASE ALLOW 3-5 BUSINESS DAYS TO PROCESS REQUEST