

RALEIGH HAND CENTER, P.A.

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3701 Wake Forest Rd
Suite 100
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Phone: 919-872-3171
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Outside Facility Medical Records Request

I, _____, authorize

Patient Name & DOB

_____ to release selected medical records

Name of Facility

to the following:

**Raleigh Hand Center
3701 Wake Forest Road
Suite 100
Raleigh, NC 27609**

Entire Medical Record

Office Notes Only

Operative Reports

Occupational Therapy Notes

Labs

Imaging Reports

Imaging Films

**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