

# Rx Urgent Care

## MEDICAL RECORD RELEASE FORM

Records from:

Rx Urgent Care, PA  
3100 Blue Ridge Road, Ste. 103  
Raleigh, NC 27612  
(919) 719-2250 Main (919) 719-2248 Fax

Records sent to:

\_\_\_\_\_  
Name of Company/Agency/Facility/ Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Patient Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

Consisting of: (Check all that apply)       All records

Discharge Summary     Pathology Reports     Emergency Reports

History & Physical     Laboratory Reports     Other \_\_\_\_\_

Progress Notes         Radiology Reports    \_\_\_\_\_

Operative Notes        ECG/EEG/Cardiac Cath \_\_\_\_\_

From the period of \_\_\_\_\_ to \_\_\_\_\_

For the purpose of: (please check any that apply)

Referral to specialist     Insurance     Worker's Comp     Legal Investigation

Disability Determination     Personal     Continuing Care

Other (specify) \_\_\_\_\_

I have reviewed and I understand this Authorization. I also understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient's signature or Patient's representative