

Lexington Internal Medical Care

2 Cherry Street
Lexington, NC 27292
Phone 336-249-2500
Fax 336-249-2555

Release of Medical Records

Confidential Health Information Enclosed

Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that does not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

Patient Name: _____

D.O.B.: _____ Phone Number: _____

PREVIOUS DOCTOR OR SPECIALIST

To: Dr. Victor Farrah
2 Cherry Street
Lexington, NC
336-249-2500 Phone
336-249-2555 Fax

From: _____
Address: _____
City: _____ State _____
Phone: _____
Fax: _____

Please release the following:

- _____ All Medical Records
- _____ X-Rays
- _____ Labs
- _____ Medication Information

Patient Signature

Date