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(Wake Forest-Wakefield Health Park)
CAPMAR Building
Raleigh, NC 27614
Phone: (919) 488-5808
Fax: (919) 488-5810

Patient Name _____ DOB _____

Date Requested _____

I hereby authorize and request _____ to
release the information indicated below to Carolina Radiology, PA, as needed for my
medical care. This release will terminate on _____.

____ Film _____ Reports _____ Physician note

Exam Requested _____

Patient Signature _____