

Triangle Family Care

106-A Ridge View Dr
Cary, NC 27511
Phone (919) 319-6363

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

**Only fill this form if you no longer wish to receive care from
Dr. Craig Stevens or Kellie Furin, FNP**

Patient Name: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Phone: _____

I hereby authorize to transfer my entire medical record to: (Pick One)

Office/Doctor Name: _____

Address: _____

Phone: _____ Fax: _____

Send to me: _____

Address: _____

Signature: _____ Date: _____

Patient or Legal Guardian

Please mail completed form to 106-A Ridge View Dr, Cary, NC 27511

OR

Fax it to 919-319-1331.

If you have a question, please call 919-319-6363.