

# Triangle Family Care

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

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Phone: \_\_\_\_\_

**I hereby authorize to transfer my entire medical record to:**

- Avance Care – Apex  
1801 Olive Chapel Road, Suite 107  
Apex, NC 27502  
Phone: 919-267-5862  
Fax: 919-267-5866

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Patient or Legal Guardian*

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**If you are requesting your records, please submit using the following options:**

- **Bring completed form to the Avance Care Apex location at your next appointment.**
- **Mail completed form to 1801 Olive Chapel Road, Suite 107 Apex, NC 27502.**
- **Fax completed form to 919-267-5866**

**If you wish to not transfer care to Avance Care and would like your records, please call 919-319-6363.**