SHANAHAN
RHEUMATOLOGY & IMMUNOTHERAPY

Shanahan Rheumatology & Immunotherapy, PLLC

2222 E NC Hwy 54, Suite 200
Durham, NC 27713

Telephone (919) 405-2040
Fax (919) 405-2266

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient's Name: _____

DOB: _____

I hereby give my consent for:

Shanahan Rheumatology & Immunotherapy, PLLC
2222 E NC Hwy 54, Suite 200 Durham, NC 27713

Telephone (919) 405-2040
Fax (919) 405-2266

To release my medical records to:

Name/ Facility: _____

Address: _____

Phone: _____ Fax: _____

Information to be released: any and all reports of diagnoses, treatment, prognosis, and recommendations, as well as other data pertinent to treatment during the period:

From: _____ To: _____

_____ _____

Patient or representative signature ***Date***