

K. Jean Lucas, MD
Kristin Gainey Ferree, FNP

Diabetes & Endocrinology Consultants, PC
611 N 35TH ST
Morehead City, NC 28557-3126

CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient's Name: _____ Birth Date: _____

Patient's Signature: _____ SS#: _____

REQUEST RECORDS FROM:

Name _____

Address _____

City _____ State _____ Zip _____

I do hereby consent and authorize you to release copies of my medical records to the medical office listed below. PLEASE NOTE: This authorization includes consent for the release of alcohol, drug, psychiatric and psychological information, and any information relating to HIV testing, AIDS, and any AIDS-related syndromes. I agree that a copy of this release or a fax of this release shall be as valid as this original release. Please send copies of all requested information as soon as possible to the address listed below. This authorization is valid for this signed request only.

SEND RECORDS TO:

K. Jean Lucas, MD
Diabetes & Endocrinology Consultants, PC
611 N 35th St
Morehead City, NC 28557-3126

SPECIFIC RECORDS REQUEST:

_____ All Records	_____ Pathology Reports
_____ Admission Note	_____ Lab Results
_____ Discharge Summary	_____ Office Notes
_____ Operative Note	_____ Radiology Reports
_____ Other:	

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