TRIANGLE NEUROSURGERY, PA

DENNIS E. BULLARD, MD, FACS

1540 Sunday Drive, Suite 214
Raleigh, North Carolina 27607-5613

Telephone (919) 235-0222
Facsimile (919) 235-0227

Medical Records Release Form

I hereby give Triangle Neurosurgery, PA the authority to release medical records regarding my illness and

treatment for the period of _____.
Dates of Treatment

To_____

_____

_____
Name of Facility/Physician/Address/Fax number

For the purpose of: _____

I understand that these records may contain information regarding mental illness, substance abuse and/or HIV/AIDS. I understand that I have the right to revoke this authorization, in writing, except for action already taken. I also release Triangle Neurosurgery and their staff from any liability regarding the release of this information. This consent expires in 90 days or with the release of information stated above, whichever is first.

_____ _____
Printed Name of Patient *Date of Birth*

_____ _____
Signature of Patient/Legal Representative *Social Security Number*

_____ _____
Signature of Witness *Date*