Thomas M. Sturgis, M.D., F.A.C.P. Raetta B. Fountain, M.D. Kim Wetherington, FNP-C



2465 Emerald Place Greenville, NC 27834-5785 Telephone: 252.758.2424 FAX: 252.758.0424

| Date |
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| |
| I hereby authorize: |
| Atlantic Gastroenterology, PA 2465 Emerald Place Greenville, NC 27834 (252) 758-2424 phone (252) 758-0424 fax |
| To release all medical records including the diagnosis and record of any treatment or examination rendered to me at any time to: |
| |
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| Patient Name (Please print) |
| Patient Date of Birth |
| Patient Social Security Number |
| Patient Address |
| City/State/Zip Code |
| Patient Signature/Date |
| Witness Signature/Date |