

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 _____

I hereby authorize: _____

To Release all Medical Records including the diagnosis and record of any treatment or examination rendered to me at any time to:

Atlantic Gastroenterology, PA
2465 Emerald Place
Greenville, NC 27834
(252)758-2424 phone
(252)758-0424 fax

Patient Name (Please Print)

Patient Date of Birth

Patient Social Security Number

Patient Address

City/State/Zip Code

Patient Signature/Date

Witness Signature/Date