Saleeby + Wessels

PROCTOLOGY

BOARD CERTIFIED COLON AND RECTAL SURGEONS

Re: Medical Records

I, _____, DOB, _____

give permission to Saleeby and Wessels Proctology to release my medical records to me or my physicians:

Name:_____

Address:_____

_____

Telephone: _____

Fax:_____

Patient Signature:_____ Date: _____

Witness _____

2406 Blue Ridge Rd, Suite 250, Raleigh, NC 27607

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