



PROCTOLOGY

BOARD CERTIFIED COLON AND RECTAL SURGEONS

To: \_\_\_\_\_

Fax #: \_\_\_\_\_

From:  Dr. Richard G. Saleeby Jr.  Dr. Frank J. Wessels

Re: Medical Records

I, \_\_\_\_\_, DOB, \_\_\_\_\_

authorize release of my medical records to Saleeby and Wessels Proctology. Please forward at your

earliest convenience.

Colonoscopy Reports

Pathology Reports

Operative Reports

All Records

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Tel: (919) 787-2542 • Fax: (919) 783-8225