



**COASTAL SURGERY SPECIALISTS, P.A.**  
General, Vascular and Thoracic Surgery and VeinCare Clinic  
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Elizabeth S. Weinberg, M.D., FACS  
Meredith Wawner, PA-C  
Tracy Smith-Martin, PA-C

To:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR MEDICAL RECORDS RELEASE**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date(s) of records to be requested: \_\_\_\_\_

Type of records to be requested:

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Initial Consult | <input type="checkbox"/> Office Visits | <input type="checkbox"/> CT/MRI    |
| <input type="checkbox"/> Radiographs     | <input type="checkbox"/> Pathology     | <input type="checkbox"/> Meds/Labs |
| <input type="checkbox"/> Other: _____    |  |                                    |

**PATIENT AUTHORIZATION**

I, the patient or legal guardian, authorize the above requested medical records to be released by your facility to Coastal Surgery Specialists, PA at the following:

**Coastal Carolina Surgical Associates, PA  
1411 Physicians Drive  
Wilmington, NC 28401  
Phone: (910) 343-0811  
Fax: (910) 343-5719**

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