COMPREHENSIVE DIGESTIVE HEALTH

Khaled Elraie, MD, FACG
Board-certified in Gastroenterology
Fellow of the American College of Gastroenterology

Authorization to release medical records

I, (patient's name)_____, DOB _____

authorize _____

to release my most recent progress notes, x-rays and labworks to Comprehensive Digestive Health, PLLC for purposes of continuation of care.

Signed _____

Date _____

1212 Spruce St., #207, Belmont, NC 28012 Tel: 704-461-0161 Fax: 704-919-5555
info@comprehensiveGI.com www.comprehensiveGI.com