



Lake Norman Oncology
Huntersville • Mooresville

Richard Krumdieck, MD David Eagle, MD Timothy Kuo, MD

REGARDING PATIENT:

Last Name First Name MI

Street Address

City State Zip Code

Date of Birth Social Security Number

INFORMATION FROM:

Name (Healthcare Provider)

Street Address

City, State, Zip Code

INFORMATION RELEASED TO:

**Lake Norman Oncology
170 Medical Park Road, Suite 101
Mooresville, NC 28117
Phone (704)799-3946 Fax (704)799-3956**

This information shall include the following:

- Office Notes
- Radiology Reports
- ECG/EEG
- Other (Specify) _____
- Laboratory Reports
- Pathology Reports
- Entire Record

NOTICE: This authorization is for full disclosure of all records, including clinical findings, diagnosis, treatment, assessment, recommendations for further care, names of health care personnel, dates of visits, and any information that may be related to drug, alcohol, psychiatric conditions, and/or sexually transmitted diseases, including HIV/AIDS information. Such records will be disclosed unless specified. Information to exclude is listed below:

Exclusions: _____

Signature of Patient/legal authority: _____

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