



Lillington Family Medical Center
 7 East Duncan Street
 Lillington NC 27546
 Phone: (910) 893-2641 Fax: (910) 893-3028

LFMC Policy and Signature on File
 Authorization to Release Medical Information

Authorization for Release of Medical Information

Patient Name: _____ Date of Birth: _____

The following persons and/or entities have my permission to obtain medical or financial information in reference to my care (*appointment information, discuss medications or treatment, account balance payment or inquiry*) **and/or** to pick up any prescriptions or medical forms:

Name: _____ Relationship: _____

Phone Number(s): _____

Authorized to obtain information: Appointment Medical Financial

Authorized to pick up: Prescriptions Medical Forms

Name: _____ Relationship: _____

Phone Number(s): _____

Authorized to obtain information: Appointment Medical Financial

Authorized to pick up: Prescriptions Medical Forms

Name: _____ Relationship: _____

Phone Number(s): _____

Authorized to obtain information: Appointment Medical Financial

Authorized to pick up: Prescriptions Medical Forms

Name: _____ Relationship: _____

Phone Number(s): _____

Authorized to obtain information: Appointment Medical Financial

Authorized to pick up: Prescriptions Medical Forms

Name: _____ Relationship: _____

Phone Number(s): _____

Authorized to obtain information: Appointment Medical Financial

Authorized to pick up: Prescriptions Medical Forms

Signature of Patient or Legal Guardian: _____

Date: _____