



Lake Norman Hematology Oncology Specialists

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	

For Office Use:

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:

- | | |
|--|---|
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Laboratory Reports |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Pathology Reports |
| <input type="checkbox"/> ECG/EEG | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Other (Specify) _____ | |

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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 10030 Gilead Road, Suite 350, Physicians Plaza, Huntersville, NC 28078
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