



Frye Regional Medical Center  
Surgical Weight Loss Program

**Authorization for Medical Records Release**

This information is for gathering purposes only. Once we have received all records, your chart will be forwarded to your surgeon's office. If you have any questions, please contact us at 828-315-5577.

Patient Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name/Address/Phone Number of Entity to Release Information:

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

Entity Requesting Medical Records: Surgical Weight Loss Program  
415 North Center Street, Suite 003  
Hickory, NC 28601  
828-315-5577-Phone  
**828-315-5950- Fax**

**Requested Information:**

- Past 5 years medical records to include office visit notes with weights, recent Complete Physical and TSH.  
 TSH     CP     Other \_\_\_\_\_

I authorize Surgical Weight Loss Program to request medical records for gathering purposes only. Once all records are received my chart will be forwarded to my surgeon's office. I certify that a copy of this release shall be valid as the original.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_