

3511 John Platt Drive
Morehead City, NC 28557
Phone 252-247-4297
Fax 252-247-7383



668 W. Corbett Avenue
Swansboro, NC 28584
Phone 910-325-8612
Fax 910-325-8615

Authorization to Release Breast Imaging

Patient's Name: _____ Date of Birth: _____

Patient's Address: _____

Last Four of SS#: _____ Daytime Phone Number _____

☐ **Obtain From** ☐ **Send To**

Carteret Ob-Gyn Associates

3511 John Platt Drive

Morehead City, NC 28557

P (252)247-4297/ F (252) 247-7383

Requesting Provider _____

☐ **Obtain From** ☐ **Send To**

Name/Office: _____

Address: _____

Phone: _____

Fax: _____

Reason for Request:

☐ Transfer of Care

☐ Referral Appointment

☐ Continuity of Care

Breast Imaging – Please send through Nuance Powershare to Unified Women's Healthcare, Boca Raton HUB (If no Powershare, send CD to Morehead City address.)

Fax Reports to 252-240-0392

Date range of disclosure: From _____ To _____

Note: This authorization will expire on _____

I understand that I have the right to revoke this authorization by sending a written notification to the address above and that a revocation is not effective if the information has already been disclosed but will be effective going forward.

Signature of Patient or Personal Representative

Date

Witness

Note: Attach necessary documentation of Personal Representative's Authority

Updated 10/13/26