



**NEPHROLOGY  
ASSOCIATES**  
of the Carolinas, PA

your hometown kidney specialists!

**RELEASE OF MEDICAL INFORMATION**

NAME (PRINT PLEASE): \_\_\_\_\_

By checking and signing below, I authorize Nephrology Associates of the Carolina's, PA, to release my medical and Billing information to the following:

Please print name and phone number of designated person(s)

Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Children: \_\_\_\_\_ Phone: \_\_\_\_\_

In-Laws: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregivers: \_\_\_\_\_ Phone: \_\_\_\_\_

Others: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize Nephrology Associates of the Carolina's, PA to leave appointment information for me at the following numbers (please check all that apply)

- Home
- Work
- Cell
- Relative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SYED J AHMED, MD MUHAMMAD ALAM, MD WILLIE HESTER, MD  
JIMMY JONES, ANP-C MIRANDA KILBY, DNP-C SHANNON STANDISH, FNP-C