ASHEVILLE ARTHRITIS & OSTEOPROSIS CENTER, P.A.
ADULT & PEDIATRIC RHEUMATOLOGY

4 Vanderbilt Park Dr.

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Asheville, NC 28803

Phone: 828-258-9533 Fax: 828-253-4434

I hereby give my permission for the Asheville Arthritis & Osteoporosis Center to release my records to:

To:

_____

Date:

_____

Signature of Patient or Legal Guardian:

_____

Please Print Patient Name:

_____

DOB:

_____

CIRCLE ONE: RECENT OFFICE VISIT RECENT LABS LAST 3 YRS.

OTHER: _____