

**LOWCOUNTRY GASTROENTEROLOGY ASSOCIATES, P.A.
MEDICAL CENTER AT EAST COOPER
1300 Hospital Drive, Suite 300
Mt. Pleasant, SC 29464
(843)884-5200 Fax (843) 884-6417**

Request To Release Established Patient Records

To: Lowcountry Gastroenterology Associates, P.A.
1300 Hospital Drive, Suite 300
Mt. Pleasant, SC 29464

I hereby request that my medical records be released to:

*If this applies only to a specific part of the patient's records, please specify below.

*Patient Information:

Date of Request: _____

Patient's Signature: _____

Please Print Name: _____

Social Security #: _____

Date of Birth: _____