

March 23, 2026

Dear Patient,

Physicians East would like to share some important news regarding upcoming changes at its Greenville Women's Care location. We understand that changes in your healthcare can feel unsettling, and we want to provide you with clear information and support throughout this transition. **Effective June 1, 2026**, the Greenville Women's Care location will close, and the physicians will be relocating to continue caring for the Greenville Women's Care patients in other Physicians East practice locations.

- **Esther Smith, MD:** Effective June 1, Dr. Smith will join Greenville OB/GYN, a Physicians East practice located at 101 Bethesda Drive, Greenville, NC. All previously scheduled appointments will be honored at their original dates and times at her new location. You will be notified if your scheduled appointment needs to be modified. Dr. Smith looks forward to welcoming you and continuing your care with the same dedication and compassion you are accustomed to.
- **Paige Fisher, MD:** Effective May 1, Dr. Fisher will no longer provide hospital delivery services. She will continue to provide pre-natal and post-natal care at Greenville Women's Care through May 31.

Beginning June 1, Dr. Fisher will transition to GYN care only at her new practice location, at the main campus of Physicians East, 1850 W. Arlington Blvd., Greenville, NC. All previously scheduled GYN appointments will be honored at their original dates and times at her new location. Dr. Fisher remains committed to providing high-quality and personalized care as you transition with her. OB patients may receive care with Greenville OB/GYN or another OB provider of your choice. If you are scheduled for an OB appointment with Dr. Fisher after June 1, you will be contacted and your appointment will be rescheduled.

- **William E. Brown, MD:** Beginning June 1, Dr. Brown will also relocate his practice to the main campus of Physicians East, 1850 W. Arlington Blvd., Greenville, NC. All previously scheduled GYN appointments will be honored at their original dates and times at his new location. Dr. Brown looks forward to continuing to care for you.

PhysiciansEast.com

ARLINGTON MAIN CAMPUS 252.752.6101
1850 W. Arlington Blvd., Greenville, NC 27834

SPECIALTY AREAS

Cardiology 252.413.6725
Dermatology 252.413.6791
Diagnostics 252.413.6701
Gastroenterology 252.413.6260
Hematology & Oncology 252.752.4610
Laboratory & Pre-Op 252.413.6264
Nutrition 252.413.6202
Primary Care 252.413.6202
Pulmonary & Critical Care 252.413.6289
Rheumatology 252.413.6643
Surgery 252.413.6735
Urology 252.413.6678

ADMINISTRATIVE SERVICES

Human Resources 252.413.6368
Insurance & Billing 252.752.5029
Medical Records 252.413.6271

PHARMACY EAST 252.413.6208

1850 W. Arlington Blvd.
Suite 100-Main, Greenville, NC 27834

QUADRANGLE ENDOSCOPY CENTER

252.757.3636
1850 W. Arlington Blvd., Greenville, NC 27834

W.H. SMITH 252.413.6683

1006 WH Smith Blvd., Greenville, NC 27834
Endocrinology

BEULAVILLE 910.298.4688

152 Crossover Rd., Beulaville, NC 28518
Primary Care

FARMVILLE 252.753.7141

3681 N. Main St., Farmville, NC 27828
Primary Care

GREENVILLE OB/GYN 252.758.4181

101 Bethesda Dr., Greenville, NC 27834
Obstetrics, Gynecology, Pelvic Surgery

GREENVILLE WOMEN'S CARE 252.757.3131

2251 Stantonsburg Rd., Greenville, NC 27834
Obstetrics, Gynecology, Pelvic Surgery

KINSTON 252.523.0026

744 Airport Rd., Kinston, NC 28504
Primary Care

SLEEP CENTER 252.413.6360

1711 E. Arlington Blvd., Greenville, NC 27858
Sleep Medicine

URGENT CARE CENTER 252.355.4357

1711 E. Arlington Blvd., Greenville, NC 27858

WINTERVILLE 252.353.4111

4796 Old Tar Rd., Winterville, NC 28590
Primary Care

- **Kaebah Orme-Evans, MD:** Effective June 1, Dr. Orme-Evans will no longer be employed by Physicians East Greenville Women's Care. She plans to practice in-patient OB delivery services only. If you are scheduled for an OB appointment with Dr. Orme-Evans after June 1, you will be contacted and your appointment will be rescheduled.
- **Carrie Smith, APP and Lisa Burnette, CNM:** Effective June 1, Carrie will join Drs. Fisher and Brown at the main campus of Physicians East and Lisa Burnette will join Dr. Smith at Greenville OB/GYN. All previously scheduled appointments will be honored at their original dates and times at their new office location. You will be notified if your scheduled appointment needs to be modified.

To continue your OB/GYN care with Physicians East after June 1, you will have the following options.

- **OB care:**
Greenville OB/GYN, 101 Bethesda Dr., Greenville, NC, 252-758-4181
- **GYN care:**
Greenville OB/GYN, 101 Bethesda Dr., Greenville, NC, 252-758-4181
Dr. Fisher or Dr. Brown, 1850 W. Arlington Blvd., Greenville, NC 252-413-6202

We are here to help guide you in choosing the provider that best meets your needs.

To continue your care with an OB/GYN provider outside of Physicians East, we will assist in transferring your medical records upon receiving your authorization.

To transfer your care to a non-Physicians East provider, an Authorization to Release Health Information form is enclosed for your convenience. Please complete the form and mail it to the address below or fax to 252-752-7781.

Physicians East, Release of Information
1850 West Arlington Blvd.
Greenville, NC 27834

We know that continuity of care is important, and our team is committed to making this transition as smooth as possible for you. If you have any questions or need assistance, you may contact us from now until June 1 at our current location by calling 252-757-3131.

Sincerely,



William E. Brown, MD



Paige Fisher, MD



Esther Smith, MD

Enclosure: Authorization to Release Health Information Form

Physicians East, P.A.
AUTHORIZATION TO RELEASE HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____ Chart Number: _____

Information to be disclosed/released: (Check information to be disclosed/released)

Office Visit Notes Consultation Reports Laboratory Results Diagnostic Reports* Procedure Reports Radiology Reports
 Billing Information CD of Diagnostic Image Immunizations Other (please specify): _____

Purpose: Continuity of Care At the Request of the Individual Transfer of Care Legal/Insurance Other: _____

****Purpose is not required if patient is obtaining a copy of the record for his/herself.**

***Attn: We are a Hub in Nuance PowerShare for diagnostic images. This is our preferred method for image transfer between facilities.**

Authorization: I request and authorize Physicians East to: send/provide records/information to receive records/information from
Facility/Individual: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Fax Number: _____

This information will cover the period(s) of healthcare from _____ to _____.

Date

Date

Format to be sent: Electronically: via CD (\$6.50 charge) USB (\$6.50 charge) I understand CDs and USBs are not secure media and may be read by others who gain physical access to the device. I have been informed of the risks and understand that I am responsible for safeguarding the physical media.

Portal (patient requests to receive information-no charge)

Email (record address-no charge: _____). I understand sending email over the internet is not secure. I understand there is a possibility that information included in an email can be intercepted and read by others beside the person whom it is addressed. I have been informed of the risks and still wish the information to be provided via email to the address noted above.

Paper (charge based on actual costs of supplies, postage (if mailed) and labor.)

There is no charge for sending patient information to another healthcare provider, regardless of format chosen.

Provide information by: Fax to the number noted above Mail/Email to the address noted above Call for pick up

I understand this authorization can be revoked by writing to the Physicians East, P.A. Privacy Officer or filling out a form (Ref. FM0018) at any time, except to the extent that action has been taken in accordance with this authorization. **Unless otherwise revoked, this authorization will expire in:**

90 days; one year; other: (can not exceed one year) _____. If I fail to specify an expiration date, this authorization will expire one year from the date on which it was signed.

I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment. I understand information released may be related to HIV/AIDS, communicable/sexually transmitted diseases, drug testing information, mental health, substance and/or alcohol use, treatment for abortion and/or contraceptive management or genetic testing. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I also understand that, if the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements. All requests will be handled within 30 days.

Patient Signature: _____

Date: _____

Personal Representative Signature (if not the patient): _____ Date: _____

Printed Representative's Name: _____ Relationship to Patient: _____

Physicians East Representative Signature: _____ Date: _____

Printed Physician East Representative Name: _____