



9715 Medical Center Drive, Suite 530, Rockville, MD 20850
ObGynShadyGrove.com | Phone: (301) 768-4535 | Fax: (301) 279-8644

MEDICAL RECORD RELEASE AUTHORIZATION

To: _____

Address: _____

I, _____, hereby authorize you to release a copy of the complete history or medical records in your possession concerning my health/illness and/or treatment covering the period of:

Begin Date: _____ to End Date: _____

Please mail or fax my records to:

Advantia OB-GYN Shady Grove
9715 Medical Center Drive, Suite 530
Rockville, MD 20850
Fax: (301) 279-8644

Patient Name: _____

Patient Signature: _____

Patient Date of Birth: _____

Witness Signature: _____

Date: _____

Thank you! If you have any questions, please call the office of Advantia OB-GYN Shady Grove at: (301) 768-4535.