

Authorization for Release of Medical Information

I hereby authorize and request the release and transfer of my medical record from:

Attention: _____

Address: _____

Phone #: _____ Fax #: _____

For the following patient(s):

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Please release the following records:

- | | | |
|--|---|---|
| <input type="checkbox"/> Entire medical record | <input type="checkbox"/> Problem list | <input type="checkbox"/> Consultation notes |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> Medication list | <input type="checkbox"/> _____ |
| <input type="checkbox"/> All progress notes | <input type="checkbox"/> Growth chart | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Last progress note | <input type="checkbox"/> Lab results | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Medical record from _____ to _____ | |

To the following selected office:

| Office | Address | Phone | Fax |
|---|--|----------------|----------------|
| <input type="checkbox"/> Bowie | 12200 Annapolis Rd # 320, Glenn Dale, MD 20769 | (301) 218-3700 | (301) 218-3909 |
| <input type="checkbox"/> Capitol Hill | 650 Pennsylvania Ave #C-100 SE, Washington, DC 20003 | (202) 833-4543 | (202) 420-7400 |
| <input type="checkbox"/> Clinton | 9015 Woodyard Rd #111, Clinton, MD 20735 | (301) 599-0900 | (301) 599-7828 |
| <input type="checkbox"/> College Park | 6201 Greenbelt Rd #L1, College Park, MD 20740 | (301) 345-1900 | (301) 345-7149 |
| <input type="checkbox"/> Foggy Bottom | 2021 K St NW #800, Washington, DC 20006 | (202) 833-4543 | (202) 833-8977 |
| <input type="checkbox"/> Fort Davis | 3839½ Alabama Ave SE, Washington, DC 20020 | (202) 582-6800 | (202) 584-1665 |
| <input type="checkbox"/> Gaithersburg | 555 Quince Orchard Rd #350, Gaithersburg, MD 20878 | (301) 926-3633 | (301) 948-9884 |
| <input type="checkbox"/> Greenbelt | 7701 Greenbelt Rd, Suite 510, Greenbelt, MD 20770 | (301) 220-1200 | (301) 474-5590 |
| <input type="checkbox"/> Laurel | 13900 Laurel Lakes Ave #240, Laurel, MD 20707 | (301) 498-1900 | (301) 497-9885 |
| <input type="checkbox"/> Silver Spring | 10801 Lockwood Dr #230, Silver Spring, MD 20901 | (301) 593-5566 | (301) 593-3644 |
| <input type="checkbox"/> Upper Marlboro | 9692 Pennsylvania Ave, Upper Marlboro, MD 20772 | (301) 599-7300 | (301) 599-0476 |
| <input type="checkbox"/> Waldorf | 3450 Old Washington Rd #100, Waldorf, MD 20602 | (301) 645-0300 | (301) 645-4009 |

I hereby authorize the release and transfer of the records requested above.

Signature of Parent/Guardian: _____

Date: _____

Relationship to Patient: _____

Signature of Patient: _____
 (age 18 years or older)

Date: _____

Office Use Only:
 Intergy Acct #: _____
 Intergy Pt Person #: _____
 Request Submitted by: _____