



RoseHill Plaza
 1564 Opossumtown Pike
 Frederick, MD 21702
 Phone - 301-663-3137
 Fax - 301-695-6939

Mt. Airy Plaza
 1502 Main St.
 Mt. Airy, MD 21771
 Phone - 301-829-9570
 Fax - 301-829-1734

Ventrie Center
 3000-D Ventrie Ct.
 Myersville, MD 21773
 Phone - 301-293-2549
 Fax - 301-293-3014

RECORDS REQUEST

Date: _____ Pt Name: _____

Pt. Address: _____

Pt. Phone#: _____ Date of Birth: _____ SS#: _____

I, _____, the patient or legal guardian,
 hereby authorize:

Doctor Name (First & Last)
 or Facility Name: _____

Address: _____

Phone #: _____ Fax #: _____

to release to:

Parkview Medical Group
 RECORDS DEPT
 1564 Opossumtown Pike
 Frederick, MD 21702

a copy of my medical records

dated from _____ to _____

any and all medical records

specifically _____

I hereby authorize disclosure of the above-noted health information. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class or persons or facility receiving it, and would then no longer be protected by federal regulations.

 Patient's Signature Date

or

 Legal Guardian's Signature Date