

*Teresa Hoffman, M.D. & Associates, LLC*  
*Obstetrics & Gynecology*

6610 Tributary Street, Suite 206  
Baltimore, Maryland 21224

Phone (410) 633-6300  
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**REQUEST FOR RELEASE OF MEDICAL RECORDS**

**In accordance with Maryland state law, a \$10.00 check or money order made payable to Teresa Hoffman, M.D. must accompany this authorization.** Please mail this completed form and the required payment to 6610 Tributary Street, Suite 206, Baltimore, MD 21224. Records will be released within five business days upon receipt of authorization and payment.

To: Teresa Hoffman M.D. & Associates, LLC  
6610 Tributary Street, Suite 206  
Baltimore, MD 21224

**I hereby request that my medical records be released to:**

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Physician's Name (Print)

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Address

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City,

State

Zip Code

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Patient's Name (Print)

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Patient's Signature

Date

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Address

---

City,

State

Zip Code

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Birth Date

Social Security Number

*Dundalk • Catonsville • Baltimore City*