Release of Medical Records

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:

Teresa Hoffman, M.D., & Associates, LLC
3601 O'Donnell Street
Suite 150
Baltimore, Maryland 21224

Records will be released within five business days upon receipt of authorization and payment.

I hereby request that my medical records be released to:

Physician's Name (Print) ____________________

Address ____________________

City, State Zip Code ____________________

Phone ____________________ Fax ____________________

Patient's Name (Print) ____________________

Patient's Signature Date ____________________

Address ____________________

City, State Zip Code ____________________

Birth Date ____________________

Social Security Number ____________________