

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
6610 Tributary Street, Suite 206
Baltimore, MD 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 _____

BALTIMORE
341 N. Calvert Street
Suite 201
Baltimore, Maryland 21202

CATONSVILLE
7001 Johnnycake Road
Suite 105
Windor Mill, Maryland 21244

DUNDALK
6610 Tributary Street
Suite 206
Baltimore, Maryland 21224

CONTACT
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