
8401 Connecticut Ave, Suite 220, Chevy Chase, MD 20815
Phone: 301-654-9390 Fax: 301-654-9394

REQUEST FOR MEDICAL RECORDS

Patient's Name:

Date of Birth:

Previous Name:

Today's Date:

I request and authorize
laboratory and X-ray/MRI reports to:

to send my medical records,

The Metropolitan Neurosurgery Group LLC
8116 Good Luck Rd
Professional Offices, Suite 205
Lanham, MD 20706

Phone: 301-654-9390

FAX: 301-654-9394

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All healthcare information

Other:

Notice: The unauthorized disclosure of mental health information violates the provisions of the State of Maryland Health General Article, Subtitle 3 - Confidentiality of Client Records. Disclosure may only be made pursuant to valid authorization by the client or as approved by the Laws and Regulations of the State.

Patient Signature:

Date Signed: