

James S. Albertoli, MD, FACS, LLC

56 Thomas Johnson Drive
Suite 100
Frederick, MD 21702
Phone: 301-698-9999
Fax: 301-698-9699

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Information:

Name: _____
Address: _____

Telephone#: _____
Date of Birth: _____

I hereby authorize James S. Albertoli, M.D. to: release to receive from

Name: _____
Address: _____

Telephone#: _____

a copy of my complete medical record

a specific portion as follows _____

Patient Signature

Date

Witness Signature

Date

Date request processed: _____