Maryland Digestive Disease Center

Jeffrey Garbis, MD
Jeffrey Bernstein, MD
Marvin Lawrence II, MD

Richard Chasen, MD
Theodore Kim, MD
Sean Karp, MD
Priti Bijpuria, MD

Records Release

To: _____
(Physician/s at Maryland Digestive Disease Center)

I hereby authorize you to release the following medical records including the diagnosis and records for any treatment or examination rendered to me by the above referenced physician_____
(Specific records you wish to be released)

_____

_____

_____

_____

_____

to _____.
(Party to whom you wish records to be released to)

_____ _____
(Patient's printed name and date of birth) ***(Patient's Signature)***

_____ _____
(Witness) ***(Patient's Address)***

7350 Van Dusen Road
Suite 210
Laurel, MD 20707
301-498-5500
Fax: 301-498-7346

4801 Dorsey Hall Drive
Suite 120
Ellicott City, MD 21042
410-730-9363
Fax: 410-730-2084

7610 Carroll Avenue
Suite 250
Takoma Park, MD 20912
301-270-3640
Fax: 301-270-3645

(06/05/12 gg)