



MID MARYLAND NEUROLOGY

172 Thomas Johnson Dr, Suite 202 Frederick, MD 21702
Boyd A Dwyer MD ~ Richard T Leschek DO
Phone: 301-698-8300 Fax: 301-698-8389
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Request for Medical Records

_____ Patient Name		_____ Date of birth
_____ Address		_____ SS# last 4 Dig
_____ City		_____ Home Phone
_____ State	_____ Zip	_____ Cell Phone

I hereby authorize:

_____ Doctor's Name/Institution		_____ Phone
_____ Address		_____ Fax
_____ City	_____ State	_____ Zip

To release my medical records. Information will include:

- Consults
- History and physical
- Office notes
- Labs
- Radiology reports including MRI's and CT's of the brain and or spine
- EEG reports
- EMG reports

To: **Mid Maryland Neurology, PA**
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Frederick, MD 21702
Phone:301-698-8300 Fax:301-698-8389

Purpose of Disclosure: _____

This release of information is valid for 1 year from the date signed.

I understand that these medical records may contain references to mental health, substance abuse, and/or HIV/AIDS related information along with routine medical dictation and lab work.

Signature of Patient

Date

Parent/Legal Guardian

Date