



20311 Lappans Rd, ste 100

Boonsboro, MD 21713

301-799-1098

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## **Medical Records Release Form**

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

I authorized the use or disclosure of the above named individual's health information as described below.

The following individual or organization is authorized to make the disclosure:

Previous Provider Information:

Name of person or facility \_\_\_\_\_

Practice Address \_\_\_\_\_

e-mail \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Please select all the specific documents that apply to your request:

\_\_\_\_\_ Clinic Notes

\_\_\_\_\_ Lab Reports

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ EKG

\_\_\_\_\_ History & Physical

\_\_\_\_\_ Immunization records

\_\_\_\_\_ Diagnostic images

\_\_\_\_\_ Other: \_\_\_\_\_

This information may be disclosed to and used by the following individual or organization:

**Pleasant Valley Primary Care**

**20311 Lappans Rd. Ste 100, Boonsboro, MD 21713**

**Phone: 301-799-1098 Fax: 301-799-1367**

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Patient Signature

Date