

PATUXENT ENDOCRINOLOGY ASSOCIATES, LLC.
205 Steeple Chase Drive, Suite 307
Prince Frederick, MD 20678
Phone 443-432-3020; Fax 443-486-7178
Email: patuxentendo@myupdox.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name:		Date of Birth:	
Previous Name:		Social Security#	
I request and authorize (Primary care doctor or referring physician			
To release healthcare information of the patient named above to: PATUXENT ENDOCRINOLOGY ASSOCIATES, LLC. 205 Steeple Chase Drive, Suite 307 Prince Frederick, MD 20678 Phone 443-432-3020; Fax 443-486-7178			
This request and authorization applies to			
<input type="checkbox"/> All healthcare information 1. Doctors notes from the last 2 visits. 2. Lab test results – 6-12 months. 3. Diagnostic reports – ultrasound, X-rays, CT scan, MRI scans, Biospy.			
SIGN IN THE SPACE BELOW			
Patient Signature:		Date signed	
THIS AUTHORIZATION EXPIRES 12 MONTHS AFTER IT IS SIGNED			