



PADDER HEALTH SERVICES
WWW.PADDERHEALTH.COM

Padder Health Services

7350 Van Dusen Rd, Suite 130
Laurel, MD, 20707
Phone: (301) 560-4747

Fax: (301) 776-1725

RELEASE OF MEDICAL INFORMATION

Date of request

To:

Name of facility releasing medical information

Address 1:

City: State: Zip Code:

Phone: Fax:

Patient information:

Patient name:

DOB: SS#:

I hereby authorize the following information be released to Padder Health Services:

- | | | | |
|--------------------------|---------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | All Medical records | <input type="checkbox"/> | Last progress notes |
| <input type="checkbox"/> | Discharge Summary | <input type="checkbox"/> | HIV/AIDS related records |
| <input type="checkbox"/> | Operative Reports | <input type="checkbox"/> | Lab/Radiology records |
| <input type="checkbox"/> | EKGs | <input type="checkbox"/> | Others |
| <input type="checkbox"/> | Consult notes | <input type="checkbox"/> | |

Date of treatment: from: _____ to: _____

Note:

Signature of patient or Authorized Representative

Date