MedStar Health OB/GYN
(P) 301-570-7424/ (F) 301-570-7425

MEDICAL RECORDS REQUEST FORM

Date: ______________________

I, _______________________________, authorize and request a copy of my medical records from the physician below to be released and sent to Medstar Health OB/GYN at Medstar Montgomery Medical Center:

Physician Name:	Patient Name:
Address:	Address:
Phone:	Birthdate:
Fax:	SS#:

Please mail or fax a copy of the records to the location indicated below:

Medstar OB/GYN at Medstar Montgomery Medical Center

18109 Prince Philip Drive

Suite 5100

Olney, MD 20832

(P) 301-570-7424/ (F) 301-570-7425

Thank you.

Patient Name:	Patient Signature:	Date:

OFFICE USE ONLY

Date Records Sent:	**☐Mailed ☐Faxed**	**Employee Name:**
Total Charge $	**Date Posted:**	**Employee Signature:**