Boyd A. Dwyer, MD **Richard T. Leschek, DO**

Mid Maryland Neurology, PA

Phone: 301-698-8300 ~ Fax: 301-698-8389
172 Thomas Johnson Dr, Suite 202
Frederick, Maryland 21702

Authorization For Release of Information

Patient Name	Date of birth
Address	SSN#
City	Home Phone
State Zip	Cell Phone

REQUEST FOR MEDICAL RECORDS :
SEND RECORDS TO / RECEIVE RECORDS FROM (CIRCLE ONE)

❑***Mid Maryland Neurology, PA***

❑***Other Physician or provider (specify)***

❑Self-- In compliance with the laws that govern; If the records are released to another provider or a facility for ongoing care, there will be no charge for the records. Please note that ***there will be a fee if records are released to the patient.***

Doctor's Name	Phone
Address	Fax
City	State Zip

□ ***COMPLETE MEDICAL RECORD*** □ ***LAB REPORTS*** □ ***MRI REPORTS*** □ ***OFFICE NOTES***

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