

Washington Internists Group, LLC

1140 19th Street Northwest, Suite 805

Washington, D.C. 20036

Telephone (202) 728-9630 Fax (202) 222-0246

Karen Myers, M.D. Alice Fuisz, M.D.
Robert Enelow, M.D. Jennifer Mills, M.D.

MEDICAL RECORDS REQUEST

Date: ____/____/____

Doctor or Practice Name: _____

Address: _____

City, State, Zip: _____

Telephone and Fax Numbers: _____

I, _____, hereby request that my entire medical record be transferred to the office of:

Washington Internists Group, LLC
1140 19th Street Northwest, Suite 805
Washington, D.C. 20036
Telephone (202) 728-9630 Fax (202) 222-0246 or (202) 296-0528

Patient Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: ____/____/____ Telephone Number: _____

Patient Signature: _____