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.

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Date: ___/___/_____

I, _____, give my permission for Dr. _____
Print Patient Name Print Current Doctor Name

to release the last (3) years of medical record to:

Dr. _____
Print New Doctor Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I understand there is a $40 fee for copying the last 3 years' worth of my medical record. This fee is payable in advance if the records are mailed or at the time the records are picked up from the Washington Internists Group, LLC. If the patient/physician requests more than 3 years' worth of medical records, there may be an additional administrative fee for the additional years.

Patient Signature: _____

Address: _____

_____

Telephone Number: _____
Date of Birth: _____