



Bhawna Bahethi, M.D.

BHAWNA BAHETHI, M.D. LLC

1600 Crain Hwy South, Ste 501
Glen Burnie, Maryland 21061
Telephone 410.766.8911
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RELEASE OF MEDICAL RECORDS

TO: Doctor _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____ Facsimile _____

I hereby request and authorize you to provide Bhawna Bahethi, M.D. with a copy of my medical records.
* I understand that the medical records to be released may contain information related to alcohol or drug use, mental health, sexually transmitted diseases, HIV or AIDS.

This authorization is valid for medical records from _____ to _____.

Please include (Check all that apply):

- | | |
|---|--|
| Problem List | Lab Results for ___ Years |
| Medication List | Radiology for ___ Years |
| Vaccination Record | Last Routine Complete Physical Exam by PCP |
| Last EKG | Consultant Notes and Tests for ___ Years |
| Hospitalization for Two (2) Years (<i>Discharge Summaries Only</i>) | Office Notes for ___ visits |

This authorization for disclosure is valid for a period of one (1) year. I understand that I may revoke this consent in writing at any time except to the extent that action has been take in reliance thereon.

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME	_____ DATE OF BIRTH
_____ HOME ADDRESS		_____ CITY	_____ STATE _____ ZIP CODE
_____ PATIENT'S SIGNATURE		_____ HOME TELEPHONE	_____ DATE

SEND RECORDS TO:

Bhawna Bahethi, M.D.
1600 Crain Hwy South, Ste 501, Glen Burnie, MD 21061
Telephone 410.766.8911 Facsimile 410.766.8977

Please be advised that there will likely be a charge by your former physician office for copying records. Please contact that office for specific information regarding charges.