OSER & TAUBER, M.D., P.A.
SUITE 304
10301 GEORGIA AVENUE
SILVER SPRING, MARYLAND 20902-5088

Telephone (301) 681-7200

IRNEST S. OSER, M.D.
IRA TAUBER, M.D.
MARSHA J. SEIDELMAN, M.D.

Internal Medicine
Pulmonary Medicine

REQUEST FOR RELEASE OF MEDICAL RECORDS FROM:

_____

I, _____ hereby authorize the
(print name)

release of my medical records from _____ to _____
(date) (date)

To: _____

_____

_____

_____
Signature of Patient DOB Date

_____
Witness Date

FIRST TWO YEARS OF RECORDS WILL BE PROVIDED FREE OF CHARGE
THERE WILL BE A NOMINAL FEE FOR RECORDS OVER TWO YEARS