



Scott D. London, MD
Daniel V. Santos, MD
Tam N. Nguyen, MD
Praveen Duggal, MD
Mark S. Schneyer, MD

Yemeng Lu-Myers, MD
Kevin Connolly, MD
Asiya R. O'Marra, PA-C
Suzanne Lim, PA-C
Dipa Patel, PA-C

Laura E. Toll, AuD lic 01189
Yael G. Schonfeld, AuD lic 01412
Alexandra M. Andre, AuD lic 01519
Julia L. Visaggio, AuD lic 01554
Erin Young, AuD lic 01613
Jordan Ericksen, AuD lic 01598

REQUEST FOR MEDICAL RECORDS

To: _____

Date: _____

Phone: _____

Fax: _____

To Whom It May Concern:

I hereby request that the release of my protected health information be released to Chesapeake Ear, Nose & Throat, a division of Chesapeake Specialty Care.

Fax to: 410-876-4495

Or mail to: 410 Malcolm Dr Suite E Westminster, MD 21157

If your office is in possession of any records from another provider,

_____ I DO wish to have those records released under this authorization.

_____ I DO NOT wish to have those records released under this authorization.

I understand that this request is valid for a full year and will expire one year from the date it is signed unless a shorter time is indicated here: _____

Patient's name printed

Patient's signature

Patient's date of birth

Patient's phone number

Please complete below if the patient is a minor:

Parent or legal guardian name printed

Parent or legal guardian signature

23 Crossroads Dr. Suite 400
Owings Mills, MD
410-356-2626

410 Malcolm Dr. Suite E
Westminster, MD
410-876-9300

5233 King Ave Suite 112
Rosedale, MD
410-391-1118

10025 Gov Warfield Pkwy Suite 101
Columbia, MD
410-356-2626