Endocrine and Diabetes Associates, LLC

Patricia Petrick, MD FACP
Linda Liu, MD FACP
Beatriz Chanduvi, MD FACE
Archana Shetty, MD
Anurag Gupta, MD
Yemul Almecci, MD
Amy Rogstad, MD

6430 Rockledge Drive, Suite 300
Bethesda, Maryland 20817
Phone 301-468-1451
Fax 301-468-3580

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize **Endocrine and Diabetes Associates, LLC**
6430 Rockledge Drive, Suite 300 Bethesda, MD 20817

To provide medical records or a summary of the medical care of:

Name:____

Date of Birth:________________________________

Social Security or ID #:__________________________

To:____________________________

____

____

This authorization shall expire without my express revocation, one year from the date written below. I understand that I have the right to withdraw this authorization at any time, except to the extent that the action has been based on this authorization.

____
Signature of Patient or Guardian

____
Date

____
Witness