FOXHALL
INTERNISTS, P.C.

3301 New Mexico Avenue, N.W. • Suite 348
Washington, D.C. 20016
Phone 202.362.4467 • Fax 202.362.2303
www.foxhallinternists.com

Mary Restifo, M.D. • Alexander C. Chester, M.D. • Lawrence E. Klein, M.D. • Andrew N. Umhau, M.D.
Linda L. Yau, M.D. • David M. Hansen, M.D. • Lucy M. McBride, M.D. • John A. Dooley, M.D.
Assil S. Saleh, M.D. • Matthew A. Parker, M.D. • D. Clay Ackerly, M.D. • Sandra M. Delistathis, M.D.

Medical Records Release Form

Patient Name: _____
Address: _____
Date of Birth: _____ Phone: _____

The information you may release subject to this signed release form is as follows:
___ All Records
___ History & Physical
___ Lab Reports/EKG/Pathology Reports
___ Radiology Reports/X-Rays
___ Other (describe specifically) _____

Reason for request: _____

By signing this form, I authorize Foxhall Internists, P.C. to release the specified confidential health information about me to the physician/person/facility below.

Name: _____
Address: _____
Phone: _____ **Fax:** _____

_____ _____
Patient's signature (or patient's personal representative) **Date**

_____ _____
Printed name of patient's representative **Representative's Title (i.e. parent, guardian, health care provider)**