



## Request for Release of Medical Records

**In accordance with Maryland state law, a \$25.00 payment by credit card, cash, check, or money order made payable to Teresa Hoffman, M.D. must accompany this authorization.**

Please mail this completed form and the required payment to:  
3601 O'Donnell Street, Suite 150, Baltimore, MD 21224.

**Records will be released within 7-10 business days upon receipt of authorization and payment.**

**I hereby request that my medical records be released to:**

Physician's Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Phone/Fax number \_\_\_\_\_

Patient's Name (Print) \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

BALTIMORE  
The Mead Building  
315 N. Calvert Street  
Baltimore, MD 21202

BALTIMORE WEST  
7001 Johnnycake Road  
Suite 105  
Windor Mill, Maryland 21244

BALTIMORE EAST  
3601 O'Donnell Street  
Suite 150  
Baltimore, Maryland 21224

CONTACT  
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