

**PRINCE GEORGE'S KIDNEY CARE (Babak Razi, MD)**

**AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to forward my complete medical records and information to:

Prince George's Kidney Care  
7725 Bell Point Dr,  
Greenbelt, MD 20770  
Telephone: (301) 779-1949  
Fax: (301) 699-1703

I understand that the information will be used for professional purposes only, and will not be released to anyone else without written permission from me, and will consist of and be limited to the following:

\_\_\_\_\_ Reports of Diagnosis, Treatments, Prognosis, and Recommendations  
\_\_\_\_\_ Complete Medical Records      \_\_\_\_\_ Other pertinent information

Medical care rendered from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Patients Date of Birth

\_\_\_\_\_  
Patients Soc. Security No.

\_\_\_\_\_  
Patient's Address                                      City,                      State                      Zip Code

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

\_\_\_\_\_  
Date of Request