

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*

*6001 Montrose Road Suite 211
Rockville, Maryland 20852
Phone 301-468-1451
Fax 301-468-3580*

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize Endocrine and Diabetes Associates, LLC, 6001 Montrose Rd Suite 211, Rckville, MD 20852

_____ Patricia A. Petrick, M.D.

_____ Linda Liu, M.D.

_____ Beatriz H. Chanduvi, M.D.

_____ Archana R. Shetty, M.D.

_____ Anurag Gupta, M.D.

_____ Yemul Almecci, MD

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