

**Endocrine and Diabetes Associates, LLC**

Patricia A Petrick, MD FACP  
Linda Liu, MD FACP  
Beatriz H. 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**

PATIENT NAME \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOC SEC or ID # \_\_\_\_\_  
I hereby authorize \_\_\_\_\_  
*(name of your doctor or facility)*  
FAX# \_\_\_\_\_  
*(address)*  
\_\_\_\_\_

to furnish information from my medical records, to include history/exam, laboratory and/or radiology reports, and any information pertinent to my appointment at Endocrine and Diabetes Associates, LLC.

TO:

- Patricia A. Petrick, MD       Beatriz Chanduvi, MD
- Linda Liu, MD                 Archana Shetty, MD
- Anurag Gupta, MD           Yemul Almecci, MD

**Endocrine and Diabetes Associates LLC**  
**6001 Montrose Road, Suite 211**  
**Rockville, Maryland 20852**  
**FAX: 301-468-3580**

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 action has been taken on this authorization

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date