Children's National Pediatricians & Associates
Authorization for Release of Medical Information

I hereby authorize and request the release and transfer of my medical records from:

Attention: _____

Address: _____

_____

Phone #: _____ Fax #: _____

For the following patient(s):

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Please release the following records:

- ☐ Entire medical record
- ☐ Immunization record
- ☐ All progress notes
- ☐ Last progress note
- ☐ Problem list
- ☐ Medication list
- ☐ Growth chart
- ☐ Lab results
- ☐ Medical record from _____ to _____
- ☐ Consultation notes
- ☐ _____
- ☐ _____
- ☐ _____

To the following selected office:

	Office	Address	Phone	Fax
☐	Bowie	12200 Annapolis Rd # 320, Glenn Dale, MD 20769	301-218-3700	301-218-3909
☐	Capitol Hill	650 Pennsylvania Ave #C-100 SE, Washington, DC 20003	202-833-4543	202-420-7400
☐	Chevy Chase	4601 North Park Ave, Chevy Chase, MD 20815	301-656-2745	301-718-7681
☐	Clinton	9015 Woodyard Rd #111, Clinton, MD 20735	301-599-0900	301-599-7828
☐	Foggy Bottom	2021 K St NW #800, Washington, DC 20006	202-833-4543	202-833-8977
☐	Fort Davis	3839½ Alabama Ave SE, Washington, DC 20020	202-582-6800	202-584-1665
☐	Gaithersburg	555 Quince Orchard Rd #350, Gaithersburg, MD 20878	301-926-3633	301-948-9884
☐	Greenbelt	7701 Greenbelt Rd, Suite 510, Greenbelt, MD 20770	301-220-1200	301-474-5590
☐	Laurel	13900 Laurel Lakes Ave #240, Laurel, MD 20707	301-498-1900	301-497-9885
☐	Silver Spring	10801 Lockwood Dr #230, Silver Spring, MD 20901	301-593-5566	301-593-3644
☐	Upper Marlboro	9692 Pennsylvania Ave, Upper Marlboro, MD 20772	301-599-7300	301-599-0476
☐	Waldorf	3450 Old Washington Rd #100, Waldorf, MD 20602	301-645-0300	301-645-4009

I hereby authorize the release and transfer of the records requested above.

Parent/ Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

Relationship to Patient: _____

Signature of Patient: _____ **Date:** _____
(age 18 years or older)

Office Use Only:

EHR MRN # _____

Request Submitted by: _____

Revised December 27, 2022