

Potomac ENT , a division of CAENT



Alidad Arabshahi, MD Stephen Bane, MD Alex Cheng, MD Ramin Ipakchi, MD Collins Boateng, PA-C

14000 Crown Court Suite 201 382 Garrisonville Rd Suite 208-209 6371 Little River Turnpike, 1st
Floor Woodbridge, VA 22193 Stafford, VA 22554
Alexandria, VA 22312

Medical Record Request for Potomac Ear, Nose & Throat, a division of CAENT

REGARDING PATIENT

Name: _____ DOB: _____

Street Address: _____

City, State, Zip Code: _____

Telephone #: _____

RECORDS RELEASED FROM:

Facility: _____

Phone #: _____ Fax #: _____

Information to be released: (Check all applicable categories)

- Complete record
- Allergy Record
- Lab reports
- Consultation Visits
- Operative Reports
- Immunization Records
- Radiology Reports/CD
- Audiologist Reports
- Clinical records pertaining to specific treatment: _____
- Clinical Records pertaining to specific date range: _____
- Other(Specify) _____

I authorize release of my medical records to Potomac Ear, Nose & Throat in accordance with the specifications listed above.

A photocopy of this consent shall be valid as the original.

Signature: _____ Date: _____

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