

**Endoscopic Microsurgery Associates,P.A.**  
**7402 York Road, Suite 100**  
**Towson, Maryland 21204**  
**Phone: 410-494-1846**  
**Fax: 410-828-1706**

**1. Regarding Patient: Complete in Full**

Name – Last, First, MI: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone#: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
PRINT: \_\_\_\_\_

**2. Records Released From:**

Name – (i.e. Health Facility, Physician...) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
DATES: PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

**3. Records Released To:**

Name –(i.e. Insurance Co, Lawyer, Physician, Self...) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax# \_\_\_\_\_  
DATES: PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

WITNESS: \_\_\_\_\_