Dr. Aryeh L. Herrera M.D., F.A.C.S.

324 East Antietam Street, Suite 306B Hagerstown, Maryland 21740 Phone: (301) 739-7790 Fax: (301) 739-4093 (TTY Users call Maryland Relay 711)

FORM: Access of Protected Health Information (PHI)

Medical Release

Medical Release Form

Address City, State, Zip Hereby authorize you to release to: All medical records pertinent to me. A specific portion as follows Signature Date Patient Name Date Date Date Date Received. Date Sent.	[,	т
City, State, Zip Hereby authorize you to release to: All medical records pertinent to me. A specific portion as follows Signature Date Witness Date For office use only Patient Chart #	Patient N	Name
City, State, Zip Hereby authorize you to release to: All medical records pertinent to me. A specific portion as follows Signature Date Witness Date For office use only Patient Chart #		
City, State, Zip Hereby authorize you to release to: All medical records pertinent to me. A specific portion as follows Signature Date Witness Date For office use only Patient Chart #	Addres	 S
Hereby authorize you to release to: All medical records pertinent to me. A specific portion as follows Signature Date Witness Date or office use only Patient Chart #		_
All medical records pertinent to me. A specific portion as follows Signature Date Witness Date For office use only Patient Chart #	City, State,	Zip
A specific portion as follows Signature Date Witness Date Patient Chart #	Hereby authorize you to release to:	
A specific portion as follows Signature Date Witness Date For office use only Patient Chart #		
A specific portion as follows Signature Date Witness Date For office use only Patient Chart #	☐ All medical records pertinent to me.	
Witness Date For office use only	A specific portion as follows	
Witness Date For office use only Patient Chart #		
For office use onlyPatient Chart #	Signature	Date
For office use only		
Patient Chart #	Witness	Date
Patient Chart # Date Received Extension requested: No Yes. Reason		
Patient Chart # Date Sent Date Sent.	or office use only	
Date KeceivedDate Sent	Patient Chart #	2 4 6 4
Hytongion requested: No. Veg Heegen	Jate Received	Date Sent.
	toff Mambar Processing Dequests	