

Steven B. Israel, MD, FAPA
121 Congressional Lane, Suite 604
Rockville, MD 20852
p: 301-468-2262
f: 301-468-2263

Medical Record Release Form

Date: _____

Patient Name: _____

Date of Birth: _____

SS# _____

To: _____

Address: _____

Phone: _____

Fax: _____

I hereby give Dr. Steven Israel and his office permission to release and/or receive my medical records and/or discuss my psychiatric, medical and/or substance abuse treatment with the above-named person/entity.

Name

Date

Witness

Date