Rajesh K. Sethi M.D., PLC

4660 Kenmore Avenue, Suite 408, Alexandria, Virginia 22304. Phone 703-751-3500 / Fax 703-751-1613

RELEASE OF MEDICAL RECORDS

Physician(s) or Facility with current records:

MD/Facility Name: _____

Address:_____

Phone: _____ Fax:_____

Please release my records to the following physician(s) or facility:

Rajesh Sethi M.D
4660 Kenmore Avenue, Suite 408
Alexandria, VA 22304
P. 703-751-3500
F. 703-751=1613

Please send all information during all of my treatment with you or your facility. With my authorization I release you and/or your facility and the doctor(s) and/or facility receiving these records from legal responsibilities with regard to my records realizing that my records may contain sensitive information.

Patient Name_____:

Date of Birth :_____

Signature: _____

Guardian (If patient is a minor):_____

Date:_____