NEUROLOGY SERVICES, INC.
www.neuro-doc.com

P.G. Bernad, MD, MPH, FACP
Medical Director

RELEASE OF INFORMATION

DATE:_____ _____
PRINT PATIENT NAME & DATE OF BIRTH

RECORDS REQUESTED_____

DATES OF SERVICE(s): _____

VERBAL COMMUNICATION:_____

OBTAIN RECORDS FROM: _____

_____

_____

PHONE: _____

FAX: _____

RELEASE RECORDS TO:_____

_____

_____

PHONE: _____

FAX: _____

I hereby authorize you to release/obtain records to/from Neurology Services, Inc

_____
SIGNATURE OF PATIENT OR PARENT/GUARDIAN (if a minor)

PLEASE SEND RECORDS TO SHERWOOD HALL MEDICAL CENTER

SHERWOOD HALL MEDICAL CENTER
2616 Sherwood Hall Lane
Suite 201
Alexandria, Virginia 22306 - 3154
(703) 360-8200
FAX: (703) 360-3178

THE POTOMAC CENTER
2296 Opitz Boulevard
Suite 360
Woodbridge, Virginia 22191 - 3346
(703) 878-0600
FAX: (703) 878-3747

METROPOLITAN MEDICAL CENTER
2112 F Street NW
Suite 303
Washington, DC 20037 - 2754
(202) 728-0099
FAX: (202) 638-7869