

Dupont Circle Physicians Group
1737 20th Street, NW
Washington, DC 20009
Telephone: 202-745-0201
Fax: 202-332-2794

Record Release

To Physician: _____
Address: _____

Fax No. _____
Patient Name: _____
Date of Birth: _____
Social Security #: _____

I recognize this may include information regarding the following:

- AIDS/HIV and other Communicable Disease
- Alcohol and/ or Drug Abuse Treatment
- Mental Health Information

I hereby authorize the release of my medical records to:

Dr. _____
Dupont Circle Physicians Group
1737 20th Street, NW
Washington, DC 20009

Patient Signature: _____ Date: _____

Print Name: _____