



POTOMAC PODIATRY GROUP, PLLC

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MEDICAL RECORDS RELEASE

Date: _____

I _____ hereby authorize and request you to release my medical records to

These records can be released to above person (check one):

_____ Via Email at: _____

_____ Via Fax at: _____

The following items and/or dates of service should be released: _____

I have been informed of Potomac Podiatry Group's records release protocol. I understand Potomac Podiatry Group will not be responsible for any security breach of my personal information.

Patient Name: _____

Patient Address: _____

Patient Signature: _____ Date: ____/____/____

Doctor's Approval: _____ Date: ____/____/____

PPG Staff Member: _____

This Records Release expires 90 days after signed. Please allow up to 30 days to receive records.

Electronic Format Fees: \$15.00 Administration fee, plus \$0.37 per page for first 50 pages and \$0.18 per page thereafter.

Crofton Foot and Ankle
www.CroftonPodiatry.com
P: 410.721.4505 | Fax: 410.721.2394
1657 Crofton Blvd, Suite 201, Crofton, MD 21114

Annapolis Foot and Ankle
www.AnnapolisFootandAnkle.com
P: 410.263.3100 | Fax: 410.263.7380
43 Old Solomons Island Rd, Suite 102, Annapolis, MD 21401

Chantilly Foot and Ankle Center
www.PotomacPodiatryGroup.com
P: 703.490.5599 | Fax: 703.583.5995
3914 Centreville Rd, Suite 200, Chantilly, VA 20151

Family Foot Care Center
www.TheFamilyFootCareCenter.com
P: 301.645.1406 | Fax: 301.645.0997
4475 Regency Place, Suite 204, White Plains, MD 20695

Loudoun Foot and Ankle Center
www.LoudounFootandAnkleCenter.com
P: 703.444.9555 | Fax: 703.444.1190
46440 Benedict Dr, Suite 209, Sterling, VA 20164

Potomac Podiatry Group, PLLC
www.PotomacPodiatryGroup.com
P: 703.583.5959 | Fax: 703.583.5995
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