

# Charles Street Obstetrics~Gynecology Associates, P.A.

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## Request for Release of Medical Records

FROM: Charles Street Ob/Gyn Associates  
6565 North Charles St., Ste. 212  
Baltimore, MD 21204  
Fax: (410) 296-9009

I hereby request that my medical records be released to:

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Patient's Signature

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Printed Name

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Date of Birth

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Today's Date