

Charles Street Obstetrics~Gynecology Associates, P.A.

Robert E. Ottenritter, M.D., F.A.C.O.G.
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Request for Release of Medical Records

FROM:

I hereby request that my medical records be released to:

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

Patient's Signature

Printed Name

Date of Birth

Today's Date