**THE BARLOW BUILDING**

**5454 Wisconsin Avenue, Suite 1350**

**Chevy Chase, MD 20815**

***Phone:*** *(301)652-1545* ***Fax:*** *(301)652-4171*

**Patient Requests For Copy of Records**

**and**

**Authorization for Release of Confidential Information**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**request and authorize**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to disclose and provide copies of any and all of my dental records to:**

Bethesda Chevy chase Advanced Dentistry

Dr. George Gotsiridze DMD

5454 Wisconsin Avenue, Suite 1350

Chevy Chase, MD 20815

**Patient Signature Date:**

**Patient Name (please print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**