LAURA LIEBERMAN, M.D., P.A.
Pediatrics
1130 Baltimore Boulevard
Westminster, Maryland 21157

Laura Lieberman, M.D.
Melissa Katz Levine, M.D.
Keun Hee Oh, M.D.

410-876-9680 – *phone*
410-386-0876 - *fax*

AUTHORIZATION FOR THE DISCLOSURE OF MEDICAL INFORMATION

From*: _____

_____

_____

*enter name and address of provider from who records are being requested to be sent to our office.

The undersigned hereby authorizes you to provide to Laura Lieberman, M.D. and/or Melissa Levine, M.D., the following information:

_____ Complete Medical Record
_____ Specific information:_____

For the following patient(s):

Patient's Name	Birth Date	Parent's Name

This authorization is valid for re-disclosure of medical records that you have received from other providers and/or facilities unless re-disclosure is specifically prohibited.

Reason for request:
_____ Moving out of area _____ Insurance Change _____Other

Parent's Signature _____Date_____

Address: _____

Telephone Number_____

Please forward records to: Laura Lieberman, M.D., P.A.
1130 Baltimore Boulevard
Westminster, MD 21157