**SRIDHAR CHATRATHI, MD, FACC, FSCAI, FACP**

DIRECTOR PERIPHERAL INTERVENTION WASHINGTON ADVENTIST HOSPITAL ASSISTANT PROFESSOR (USU)

*Diagnostic & Interventional Cardiovascular Medicine*

|  |  |
| --- | --- |
|  | 7500 HANOVER PARKWAY, SUITE 104 GREENBELT, MARYLAND 20770  TEL: 301-220-2220 FAX: 301-220-2224 |

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am authorizing

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

office to release a copy of my medical information to Dr. Chatrathi’s Office.

Send Records to:

7500 Hanover Parkway

Suite 105A

Greenbelt, MD 20770

Fax: 301-220-2224

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Sign Date