

Healthcare Innovations

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2227 Old Emmorton Rd. Suite 121, Bel Air, MD 21015
410-246-6100 Fax 410-569-9284

MEDICAL RECORDS RELEASE

Name _____

Address _____

Date _____

**WOMEN'S CARE OB/GYN AT HONEYGO
5009 HONEYGO CENTER DR
SUITE 210
PERRY HALL, MD 21128**

RE: Release of medical records for MEDICAL RECORDS RELEASE

Social Security _____ DOB _____

Dear _____:

Please release my medical records related to treatment for medical conditions rendered by you or your facility. This information will be used to further assist in my medical care, and should be mailed to:

**HEALTHCARE INNOVATIONS
STEVEN LENOWITZ, M.D., JESSICA ABERNATHY, CRNP
2227 OLD EMMORTON RD SUITE 121,
BEL AIR, MD 21015**

FAX 410-569-9284

Please bill me for costs associated with providing copies of my records, and I will remit payment promptly upon receipt of the records.

SIGNATURE _____ DATE _____