

First State Gastroenterology
644 S. Queen St. • Ste 106 • Dover, DE 19904
(P) 302-678-9002 • (F) 302-678-9807
Parag J. Lodhavia, M.D.

PERMISSION FOR RELEASE OF RECORDS

I give my permission for Parag J. Lodhavia, M.D., to release a copy of ALL records included in his office chart to:

RECIPIENT NAME: _____
PHONE #: _____
FAX #: _____
ADDRESS: _____

IF RELEASING TO ANOTHER DOCTOR/PRACTICE:

APPOINTMENT DATE: _____

PATIENT INFORMATION (PLEASE PRINT):

NAME: _____
DOB: _____
PHONE #: _____

SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____

PLEASE ALLOW 3-5 BUSINESS DAYS FOR REQUEST TO BE COMPLETED

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Request for Medical Records

Physician Name: _____
Phone #: _____
Fax #: _____
Address: _____

I hereby authorize you to release any information including but not limited to the diagnosis and records of any treatment/examination rendered to me during the period of _____ to _____ to the physician listed below:

First State Gastroenterology Associates
Parag J. Lodhavia, M.D.
644 S Queen St, Ste 106 Dover, DE 19904

Specifically, please enclose discharge summaries (H&P if discharge summary is not yet available), laboratory and diagnostic reports, operative procedure reports, and pathology reports.

Patient Name (please print): _____
DOB: _____
Patient Phone #: _____
Patient Address: _____

Patient Signature: _____ Date: _____
Witness Signature: _____ Date: _____

PLEASE ALLOW 3-5 BUSINESS DAYS FOR REQUEST TO BE COMPLETED