



# PRESIDENTIAL HEALTHCARE CENTER

5215 LOUGHBORO ROAD NW  
PRESIDENTIAL SUITE 470  
WASHINGTON, DC 20016

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION

1. I request and authorize the transfer of medical information

FROM: (other medical office)

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

TO:

Dr. Jeffrey A. Elting, M.D., M.P.H., M.S.

Presidential Healthcare Center

5215 Loughboro Road NW Suite 470

Washington, DC 20016

Telephone 202-537-1100 Fax 202-537-1101 or Cell 202-528-2722

2. Information to be released (check applicable):  All  
 Demographic information  Progress notes  Medication lists  Vaccination records  
 Lab reports  Imaging reports  EKGs  Consultation reports  Correspondence  
 Result letters  Billing records

3. Records from: First visit to present or \_\_\_\_\_ to present date

4. Purpose of request:

Continued medical care  Personal reasons  Legal  Insurance Claim  Other

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address, City, Zip

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**TEL: 202-537-1100 FAX: 202-537-1101 CELL: 202-528-2722**  
**WWW.PRESIDENTIALHEALTHCARECENTER.COM**

*“Where you are treated like the President of the United States”*