1443 U Street Northwest
Washington, DC 20009
Phone: (202) 481-2050

Record Release Authorization

To: _____

Address: _____

I, _____, hereby authorize you to release a copy of my medical records In your possession concerning my health/Illness and or treatment covering the period of

_____ to _____

Please send my records

Liv by Advantia Health

1443 U St NW

Washington, DC 20009

Phone: 202-481-2050

Fax: 833-629-0566

Patient Name: _____

Patient Signature: _____

Date of Birth: _____

Date: _____