

Roomika T. Baig, M.D., FAAP

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Frederick, MD 21701

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Medical Records Release Form

Date: _____

To: _____

Fax Number: _____

From: _____

I, _____ parent/guardian of,

_____ DOB _____, am requesting the release of
his/her health records to Dr. Roomika Baig, MD 801 Toll House Ave. Suite H6 Frederick, Md. 21701.

Parent/Guardian(Please Print)

Date

Parent/Guardian Signature

Patient Name

Reason for Request

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