





Date:

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OrthoBethesda Therapy Services

Release of Information

designated locations. Ort	thesda Therapy Services to call, e-mail, or mail my home or other noBethesda Therapy Services may also leave a message on voice ce to appointments, insurance items and issues pertaining to my
Do you want information reanyone other than yoursel	egarding your treatment or appointment times released to f?
If yes, please list individuals	authorized to obtain this information and their relationship to you
Name	Relationship

Patient Signature: