

Medical Records Release

Dayton Lung & Sleep Medicine, Inc.

8881 North Main St.

Dayton, Ohio 45415

Phone: (937) 832-5292 | Fax: (937) 832-7505

Martin Ambrose, M.D. M. S. Darwich, M.D.

Fahim Khan, M.D. Mustafa Quadri, M.D.

Aamir Malik, M.D.

I, _____, hereby authorize _____

(Doctor Name/Organization Name)

To release any and all pertinent information in my medical records relating to my examinations and treatments rendered to me in regards to my past or present medical condition.

Thank you.

Signature

Print Name

Date of Birth

Social Security Number