

NEEL RAYA M.D. Inc.,  
Board Certified Internal Medicine

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1203 RIVERVALLEY BLVD. SUITE-A, LANCASTER, OH 43130. PH-740-6546596, FAX-740-6532791.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

To,

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

I, \_\_\_\_\_, authorize you to furnish a copy of my  
medical records to Dr. Neel Raya as soon as possible for continuity of care.

My details are -

Name - \_\_\_\_\_,

Gender - \_\_\_\_\_,

SS - \_\_\_\_\_,

Date of Birth - \_\_\_\_\_,

Phone Number - \_\_\_\_\_,

I hereby release you from all legal responsibilities or liabilities that may arise from this authorization.

Sincerely,

\_\_\_\_\_  
name of patient

Date - \_\_\_\_\_

**Records may be mailed to** - 1203 RIVERVALLEY BLVD. SUITE-A, LANCASTER, OH 43130.  
**or**  
**Fax** - 740-653-2791