

Metropolitan ENT & Facial Plastic Surgery

Medical Record Release

From: Metropolitan ENT & Facial Plastic Surgery

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To: _____

6355 Walker Lane
Suite 308
Alexandria, VA 22310
Phone: (703) 313-7700
Fax: (703) 313-0178

The medical records for the following individual(s):

Name: _____

DOB: ____/____/____ Phone: _____

www.metropolitanent.com

Services Include:

Allergy testing and treatment

Audiology

Balance testing

Balloon Sinuplasty

Diseases of the head and neck

Facial Cosmetic Products

Facial Cosmetic Surgery

Headache treatment

Hearing aid fittings and sales

Hyoid Suspension

Laser hair removal

Latera Implant

Microdermabrasion

Sinus disease and nasal
function

Sinus Surgery

Snoring evaluation and
treatment

Tinnitus

Thyroid & Voice Disorder

Vertigo

Bill to Address: _____

All Records Surgical Notes Only Billing Other: _____

Reason for Transfer of Records:

Change of Insurance to: _____

Relocation if yes, new address: _____

Other: _____

I hereby authorize you to release any information including the diagnosis and records of any treatment or examination rendered for the above specified patient.

Signed: _____ Date: ____/____/____

As pursuant to Virginia Law (VA Code 8.01-413) charges will be as follows: A fee of \$15.00 for handling and a fee of \$.50 per page up to 50 pages, plus \$.25 per page for each page over 50 shall be posted to the patient account as one line item and the payment posted against it. Example: A 62-page chart; \$25.00 (50 pages x \$0.50) + \$3.00 (12 pages x \$0.25) = \$28.00

Handling Fee	\$15.00
Pages 1 – 50 _____ pages @ .50	
Pages 51 + _____ pages @ .25	
	TOTAL Charges Due

Mailed on ____/____/____ Picked Up on ____/____/____