REHAB AT WORK
It's Our REHAB That WORKS
Via Web Site

PATIENT'S AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

To Whom It May Concern:

I hereby authorize you to release my records including any information regarding the examination and/or treatment rendered to me. Please mail or fax my records to:

☐ **REHAB AT WORK**
2500 N. Van Dorn St.
Suite 104
Alexandria, VA 22302
(P) 703-933-1700
(F) 703-933-8600

☐ **REHAB AT WORK**
8 Lincoln Court
Annapolis, MD 21401
(P) 410-990-1060
(F) 410-990-1061

☐ **REHAB AT WORK**
7501 Pulaski Hwy.
Suite 100
Baltimore, MD 21237
(P) 410-866-3855
(F) 410-866-3877

☐ **REHAB AT WORK**
181 Thomas Johnson Drive
Suite E
Frederick, MD 21702
(P) 301-620-9111
(F) 301-620-0070

☐ **REHAB AT WORK**
8200 Professional Place
Suite 101
Lanham, MD 20785
(P) 301-306-4500
(F) 301-306-4503

☐ **REHAB AT WORK**
8809 Sudley Road
Suite 102
Manassas, VA 20110
(P) 703-392-7508
(F) 703-392-6710

☐ **REHAB AT WORK**
1700 Reisterstown Road
Suite 125
Pikesville, MD 21208
(P) 410-484-0081
(F) 410-484-0441

☐ **REHAB AT WORK**
30 West Gude Drive
Suite 160
Rockville, MD 20850
(P) 301-261-3757
(F) 301-251-3731

☐ **REHAB AT WORK**
2960 Technology Place
Suite 110
Waldorf, MD 20601
(P) 301-893-2366
(F) 301-893-0609

Signature of Patient or Legal Guardian

Date of Signature

Printed Name of Patient

Witness

e