

**DRS. HANNON & MALTZ, LLC**  
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**RECORDS RELEASE**

Date \_\_\_\_\_

To \_\_\_\_\_

I \_\_\_\_\_ hereby authorize you to release  
to **DRS. HANNON AND MALTZ LLC**, of 3300 Olney Sandy Spring Road, Suite 330, Olney, MD 20832,  
all my medical records, including any treatments, diagnoses, and examinations.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth