Dr. Shabih Khan M.D.

835 West Chester Pike

West Chester, PA 19380

610-696-0127

AUTHORIZATION TO RELEASE MEDICAL RECORDS

****** Please release my medical records FROM ******

Dr._____

PHONE NUMBER_____

FAX NUMBER_____

(PLEASE MAIL OR ARRANGE FOR PATIENT TO PICK UP THEIR RECORDS)

Please include the following heightened confidential treatment information:

HIV/AIDS	Drug Abuse	Mental Health
Sexually Transmitted Diseases	Alcohol Abuse	Include All

Patient's Name:_____

Address:_____

_____

DOB:_____ Social Security#_____

Signature:_____Date:_____