DECO
DIABETES & ENDOCRINOLOGY
CENTER OF OHIO

Records Release

Date: _____

To: _____

Fax: _____

I hereby authorized and request you to release my records to:
Dr. Pallavy Reddy
Diabetes & Endocrinology Center of Ohio
7281 Sawmill Road
Dublin, Ohio 43016

Fax Number: 614-764-1707

Records Needed:

- ☐ Lab Results
- ☐ Office Notes
- ☐ Imaging: CT, MRI, Thyroid Ultrasound
- ☐ Other: _____

Patient Information:

Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Diabetes & Endocrinology Center of Ohio (DECO), Inc.
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Phone: 614.764.0707 Fax: 614.764.1707
www.decowebsite.com
www.decohealthyliving.com