



**Garrett J. Lynch, M.D. Louis J. Ruland, III, M.D., M.S. Charles M. Ruland, M.D.
Garth R. Smith, M.D. Paul J. King, M.D. Justin L. Cashman, III, M.D. Venu Vemuri, D.O.**

BOARD CERTIFIED/ELIGIBLE AND FELLOWSHIP TRAINED ORTHOPAEDIC SURGEONS WITH SPECIALTY TRAINING IN::

**Fracture Care • Sports Medicine • Hip, Knee, Shoulder and Ankle Replacement • Knee Surgery
Shoulder Surgery • Wrist and Elbow Surgery • Foot and Ankle Surgery
Spine Surgery • Pediatric Orthopaedics**

2003 Medical Parkway, Suite 400
Annapolis, MD 21401

4175 North Hanson Court, Suite 104
Bowie, MD 20716

810 Landmark Drive, Suite 110
Glen Burnie, MD 21061

Phone (410) 573-2530 Fax (410) 573-2536 www.aaos.net

**RECORDS RELEASE FOR RECORDS TO BE FORWARDED
TO ANNE ARUNDEL ORTHOPAEDIC SURGEONS**

Date: _____

To: _____

Address: _____

I hereby authorize you to release to:

_____, M.D.
**Anne Arundel Orthopaedic Surgeons, P.A.
2003 Medical Parkway, Ste. 400
Annapolis, Md. 21401-3088
Phone: (410) 573-2530
Fax: (410) 573-2536**

Any information including the diagnosis and records of any treatment or examination rendered to me during the period from _____ to _____. Any specific reports are as follows: _____.

Signature of Patient or Parent/Legal Guardian if minor

Witness

Printed Name of Patient: _____

Patient's Social Security #: _____

Patient's Date of Birth: _____