



**LOUDOUN**  
**RHEUMATOLOGY**  
**C E N T E R**  
*Healthy Joints . Healthy Bones*

**JENNIFER ODUTOLA, MD, M.SC.**

Specializing in Arthritis  
And Connective Tissue Diseases

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Date: \_\_\_\_\_

**RECORDS REQUEST**

Records coming from \_\_\_\_\_  
(Physician or Hospital)

\_\_\_\_\_  
(Address)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I hereby authorize the release of my complete health information while under your care. I appreciate you forwarding my records to Dr. Odutola's Office at your earliest convenience. Thank you.

Name of Patient: \_\_\_\_\_  
(Please Print)

Signature of Patient: \_\_\_\_\_