



DIABETES & ENDOCRINOLOGY  
CENTER OF OHIO, LLC

## Medical Records Request

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Patient Name

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Date of Birth

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Social Security Number

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Physician Name

I hereby authorize the release of my records to:  
Diabetes & Endocrinology Center of Ohio, LLC.  
Dr. Pallavy Reddy, M.D.  
Dr. Jennifer Rittenberry, M.D.  
Catherine King, CRNP, CDE  
Deanna Merrill, PA-C

Please forward all medical correspondences, and test results to

614.764.1707 Fax

Or

Diabetes & Endocrinology Center of Ohio, LLC

Attn: Medical Records

7281 Sawmill Rd - Suite 100

Dublin, Ohio 43016

614.764.0707

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Patient Signature

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Date