

MEDICAL RECORDS FAX: 877-296-5848

REFERRAL FAX (5 Pages or less): 757-451-9694

## MEDICAL RECORDS RELEASE FORM

## **PATIENT INFORMATION:**

NAME:		DOB:	SSN:	
ADDRESS:				
CITY:	ST	ATE:	ZIP:	
By signing this form, I authorize select which information you v	-	enter of Virginia t	o release confidential heal	th information about me. Please
PLEASE RELEASE THE REQUEST	ED RECORDS <u><b>FROM</b></u> TH	HE FOLLOWING C	ORGANIZATION:	
Facility Name:				
Address:				
City:	State:	Zip:		
Phone:	Fax	<b>α:</b>		
Records Requested:				
ALL RECORDS				
History and Physical				
Progress Notes				
Consultation Visits				
Laboratory Results				
Ultrasounds, Imaging,	etc.			
Surgical Reports				
Other:				
Patient Signature:			Date:	
Rev: 2019 08 30				

Procreate Locations: Chesapeake: 700 Oak Grove Road, Chesapeake, VA 23320 Phone: 757-977-8500

Newport News: 600 Thimble Shoals Blvd, Ste 301, Newport News, VA 23606 Phone: 757-451-9944 Virginia Beach: 2865 Lynnhaven Drive Suite 3A, Virginia Beach, VA 23451 Phone:757-512-7302