

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
To OrthoVirginia**

Patient Name: _____
(complete "legal" name including Jr., Sr., I, II, III) **MRN#** _____

Date of Birth: _____ **Social Security Number:** _____

To Releaser: _____
(Name of physician, practice, or facility)

Address: _____

I, _____ hereby authorize and request that copies of:
(Patient Name)

- all medical records including x-rays in your possession
- medical records and x-rays pertaining to your treatment of _____
(problem, injury, or body part)

be released by mail/fax to OrthoVirginia in care of: Dr. _____ at fax number:

_____ to the following office below: **(Select one of the locations)**

- | | |
|---|--|
| <input type="checkbox"/> Chippenham
PH: 804.320.1339 FAX: 804.330.5829
1115 Boulders Prkwy, Suite 100
N. Chesterfield, Va. 23225 | <input type="checkbox"/> Johnston-Willis
PH: 804.379.8088 FAX: 804.794.6067
1400 Johnston-Willis Drive, Suite A
Richmond, Va. 23235 |
| <input type="checkbox"/> St. Francis
PH: 804.379.2414 FAX: 804.379.2413
13700 St. Francis Boulevard, Suite 103
Midlothian, Va. 23114 | <input type="checkbox"/> St. Mary's
PH: 804.288.8512 FAX: 804.288.4552
5899 Bremo Road, Suite A
Richmond, Va. 23226 |
| <input type="checkbox"/> Hanover Memorial Regional
PH: 804.730.2121 FAX: 804.730.0563
Medical Office Building II
8266 Atlee Road, Suite 133B
Mechanicsville, Va. 23116 | <input type="checkbox"/> Henrico Parham
PH: 804.288.3136 FAX: 804.288.4538
Medical Office Building II, Suite 100 (East)
7650 East Parham Road
Richmond, Va. 23294 |
| <input type="checkbox"/> Farmville
PH: 434.392.1512 FAX: 434.392.2012
1509 West Third Street, Suite B
Farmville, Va. 23901 | <input type="checkbox"/> Kilmarnock
PH: 804.435.3146 FAX: 804.435.6054
95 Harris Road, Building 5
Kilmarnock, Va. 22482 |
| <input type="checkbox"/> Prince George
PH: 804.732.0095 FAX: 804.732.0055
4710 Puddledock Road Suite 100
Prince George, Va. 23875 | |

Patient/Legal representative signature: _____ **Date:** _____
(if not patient add relationship, POA, etc.)