RVA PHYSICAL THERAPY & SPORTS REHAB

2620 A Gaskins Rd, Henrico, VA 23238

Fax : 888 -275-1128
Contact : (804) 396-6753
www.rvaphysicaltherapy.com

Release of Medical Information Request

Date: _____

Patient Name: _____

Date of Birth: _____ Date of Service: _____

Information to be released to: _____ Fax: _____

Information Requested (check all that apply):

__ __ __ __ __ __ Patient's Entire Medical Record

__ __ __ __ __ __ H&P and/or Consultation note

_____ Progress Notes for the last ___ visits / months

_____ Summary

_____ Lab Results

_____ X-ray Results

__ __ __ __ __ __ Procedure Notes

_____ Operative Summary

_____ Other: _____

I hereby request that the above information be provided to the person or business listed.

_____
_____

Signature of Patient/Requester* Please print Full Legal name

*If signed by someone other than the patient, please provide the following information:

_____ _____

Name of Requester Relationship to Patient