



**Authorization for Physician to Send Medical Records  
to Virginia Eye Consultants**

**Please send a copy of my medical records to:**

Virginia Eye Consultants  
241 Corporate Blvd., Suite 210  
Norfolk, VA 23502  
757-622-2200

FAX to Medical Records Department: 757-961-2971

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

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Patient Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_