# Authorization for Release of Medical Records

Please check the box of who you would like your medical records released to.

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## Release my entire medical record to me, the patient

Printed medical records will be paid at a standard flat rate of $10 (to cover research/handling and postage) then $0.50/page for the first 50 pages and $0.25 per page thereafter for over 50 pages. Printed medical records can be mailed or picked up from our office. Records will not be released until payment is made.

*As a reminder, patient records are available free of charge from the Patient Portal.*

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## Release my entire medical record to a Physician's Office

Send my compete medical record to the physician listed below:

Physician Name: _____

Address: _____

_____

Phone number: _____

Fax number: _____

- Medical Records requests are completed within 30 days from the dated request
- This completed request can be mailed, dropped off or faxed to the Medical Records Department.

_____ _____
Printed Patient Name Date of Birth

_____ _____
Patient Signature Date

## Return this form to:

Virginia Eye Consultants
ATTN: Medical Records Department
241 Corporate Boulevard, Suite 210, Norfolk, VA 23502

FAX to Medical Records Department: (757) 961-2971