

Authorization to Release Records to:

Organization Name:

Organization Phone:

Organization Fax:

Organization Address:

Patient Name:

Date of Birth or SSN:

Contact Phone Number:

Releasing Organization Name: Ivy Family Medicine, PLC

Releasing Organization Phone: (434)202-7830

Releasing Organization Fax: (434)202-7823

Releasing Organization Address: 2 Boar's Head Place, Suite 110, Charlottesville, VA 22903

Dates of Service:

Records to Include:

- Most recent CPE or H&P
- Lab results to include: Lipids, Thyroid, Blood Count, Glucose, Kidney and Liver function, PSA
- Pathology Results to include: Pap Tests, biopsy results Lipid Profile
- Imaging studies
- EKG
- Consult Notes
- Surgery reports
- Other \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Date \_\_\_\_\_

