

Authorization to Release Records to:

**IVY FAMILY MEDICINE, PLC**  
**2 Boar's Head Place, Suite 110**  
**Charlottesville, VA 22903**  
**Phone: (434) 202-7830**  
**Fax: (434) 202-7823**

Patient Name:

Date of Birth or SSN:

Contact Phone Number:

Releasing Organization Name:

Releasing Organization Phone:

Releasing Organization Fax:

Releasing Organization Address:

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

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

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

