

Waiver & Release of Records Practice

☐ **ALEXANDRIA**

5130 Duke St Suite 114
Alexandria, VA 22304
P: (703) 370-5300
F: (703) 370-0080

☐ **WOODBIDGE**

14904 Jefferson Davis Hwy. Suite 301
Woodbridge, VA 22191
P: (703) 499-8840
F: (703) 499-8842

☐ **FALLS CHURCH**

7121 G Leesburg Pike, Suite 207
Falls Church, VA 22043
P: (703) 538-3830
F: (703) 538-3831

☐ **MANASSAS**

8420 Dorsey Circle Suite 101
Manassas, VA 20110
P: (703) 367-7878
F: (703) 367-0009

For automobile collision patients with health insurance:

I, _____, patient, undersigned, hereby **waive** my health insurance benefits for chiropractic care that I receive from Virginia Family Chiropractic & PM for the injuries I suffered in an automobile collision on _____. In a circumstance which there is no payment from the patients' car insurance company and/or third party, then we will be billing the health insurance carrier.

PRINTED NAME OF PATIENT, PARENT, GUARDIAN OR PERSONAL REPRESENTATIVE.

DATE OF BIRTH

SIGNATURE OF PATIENT, PARENT, GUARDIAN OR PERSONAL REPRESENTATIVE.

DATE

PATIENT RELEASE OF RECORDS

I hereby authorize the release of my:

- ☐ X-RAY/MRI/CT SCAN reports, dated _____
- ☐ ER records, dated _____
- ☐ MEDICAL records, dated _____
- ☐ FILMS or documents, dated _____

Send by fax or mail to the above address.

PRINT NAME OF PATIENT, PARENT, GUARDIAN OR PERSONAL REPRESENTATIVE.

DATE OF BIRTH

SIGNATURE OF PATIENT, PARENT, GUARDIAN OR PERSONAL REPRESENTATIVE.

DATE

The release shall be effective for term of not less than five (5) years from the date of the execution.



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Please provide us with your mobile phone number and email address in order to be included in our online community. The benefits of this service include: requesting online appointments, text reminders, and confirming appointments. By initialing below, I am giving consent for Virginia Family Chiropractic & Physical Medicine to contact me via email or text.

We will never share your information.

Please initial to be included in this service _____

Patient Name _____

Cell Phone: _____

Email Address: _____

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