



1860 Town Center Drive, Suite 300, Reston VA, 20190
Phone: 703-483-4681 Fax 703-662-4506

REQUEST TO RELEASE MEDICAL INFORMATION TO TOWN CENTER ORTHOPAEDIC ASSOCIATES

Date: _____

Name of Patient: _____

DOB: _____

**I AUTHORIZE THE RELEASE OF MY MEDICAL INFORMATION TO TOWN CENTER
ORTHOPAEDIC ASSOCIATES**

(Signature of Patient)

Please fax records to: 703-662-4506