

Virginia Cancer Care

19415 Deerfield Avenue
Suite 107
Leesburg, VA 20176
Phone 703-729-6030
Fax 703-729-1446

1860 Town Center Drive
Suite 260
Reston, VA 20190
Phone 703-794-4400
Fax 703-729-1446

Personal Healthcare Records Release Form

Name of Patient: _____

Date of Birth: _____

I hereby authorize you to send any necessary medical records to the following other healthcare providers listed on this form or other persons of my choice.

Releasing Records To:

Signature of Patient: _____ **Date:** _____