VIRGINIA
OPHTHALMOLOGY
ASSOCIATES

(757) 461-1444 • FAX (757) 461-8238
AMELIA BUILDING • 885 KEMPSVILLE ROAD, SUITE 101 • NORFOLK, VIRGINIA 23502

# Record Release Authorization

TO:_____

ADDRESS:_____

PHONE:_____FAX:_____

I hereby authorize you to release to:

Virginia Ophthalmology Associates
885 Kempsville Road, Suite 101
Norfolk, VA 23502
(757) 461-1444 Fax (757) 461-8238

My medical records, including the diagnosis and my treatment or examination rendered to me, including the photographs or x-rays.

PRINT NAME:_____

SIGNATURE:_____

DATE OF BIRTH:_____

DATE:_____WITNESS:_____