NORTHERN VIRGINIA CENTER FOR ARTHRITIS, PC

1860 TOWN CENTER DRIVE #130 RESTON, VA 20190 (703) 689-2050 FAX (703) 689-2080
8316 ARLINGTON BLVD #602 FAIRFAX, VA 22031 (703) 573-0130 FAX (703) 573-6958
19450 DEERFIELD AVE #275 LEESBURG, VA 20176 (703) 858-7222 FAX (703) 858-7224

Today's Date: ________________________________

Dr./Facility Name: ____

Address: ____

City: __________________________________ ST: ____________________ Zip Code: _________________

Phone: ____________________________________ Fax: ____

I, __________________________________ authorize the release of the following records to Northern Virginia Center for Arthritis for the purpose of clinical evaluation.

- X-rays and x-ray reports Date: ____________________________________
- Laboratory Test results Date: ____________________________________
- Clinical Records Date: ____________________________________
- Other: ____________________________ Date: ____________________________________

Patient's Name: __________________________________

SSN: ____

Date of Birth: ____________________________________

Patient's Signature: ___________________________________ Date: _____________________________