

Waddell Family Medicine, PC

Family Medicine for ages 6 and older

Telephone (757) 962-6262
Facsimile (757) 962-1185
www.waddellfamilymedicine.com

David T. Waddell, MD, AAFP, ABFM
1856 Colonial Medical Court, Suite A
Virginia Beach, VA 23454

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

RELEASING PHYSICIAN'S NAME

ADDRESS: _____

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

WADDELL FAMILY MEDICINE, PC
DAVID T. WADDELL, MD
1856 COLONIAL MEDICAL COURT, SUITE A
VIRGINIA BEACH, VA 23454
TELEPHONE: 757-962-6262
FACSIMILE: 757-962-1185

TELEPHONE: _____
FACSIMILE: _____

CHOOSE ONE:

- PLEASE INCLUDE MY COMPLETE MEDICAL RECORD.
OR
 PLEASE INCLUDE THE PROBLEM LIST, MEDICATION LIST, IMMUNIZATION RECORD AND ALL LABS AND OTHER TEST RESULTS FOR THE PAST TWO YEARS. **** (RECOMMENDED) ****
OR
 PLEASE INCLUDE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER** _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE OF PATIENT OR GUARDIAN **DATE:** _____

***THIS AUTHORIZATION IS VALID FOR 12 MONTHS FROM THE DATE ABOVE. YOU MAY CANCEL THIS - REQUEST WITH WRITTEN NOTIFICATION AT ANY TIME.**

***YOUR PRIOR PHYSICIAN OR THEIR AGENT MAY CHARGE YOU A COPYING FEE.**

***THIS AUTHORIZATION IS VOLUNTARY AND THE ABILITY TO OBTAIN TREATMENT WILL NOT BE AFFECTED IF YOU DO NOT SIGN THIS FORM.**