



POTOMAC RADIATION ONCOLOGY CENTER

A SERVICE OF INOVA AND SENTARA HEALTHCARE

RELEASE OF MEDICAL RECORDS AUTHORIZATION FORM

ATTENTION: MEDICAL RECORDS

PLEASE RELEASE THE FOLLOWING REPORTS TO:

POTOMAC RADIATION ONCOLOGY CENTER
2280 OPITZ BLVD., # 120
WOODBIDGE, VIRGINIA 22191

TEL: (703) 670-3349
FAX: (703) 580-0730

	<u>DATE(S) STUDY DONE</u>
PATHOLOGY REPORTS	_____
OPERATIVE REPORTS	_____
DISCHARGE SUMMARIES	_____
X-RAY AND CT REPORTS	_____
NUCLEAR SCAN REPORTS	_____
OTHER	_____

PLEASE PRINT THE FOLLOWING INFORMATION BELOW AND THEN SIGN BY THE "X".

PATIENT'S NAME: _____

ADDRESS: _____

DOB: _____

PATIENT'S SIGNATURE: **X** _____

SIGNATURE OF PERSON AUTHORIZED TO CONSENT FOR PATIENT:

RELATIONSHIP TO PATIENT: _____