NORTHERN VIRGINIA CENTER FOR ARTHRITIS, PC

1860 TOWN CENTER DRIVE #130 RESTON, VA 20190 (703) 689-2050 FAX (571) 313-0231
3301 WOODBURN ROAD #304 ANNANDALE, VA 22003 (703) 573-0130 FAX (703) 641-4705
19450 DEERFIELD AVENUE #445 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: _____

Date of Birth: _____

Patient's Signature: _____ Date: _____