



Chantilly Family Practice Center

Dr. Rajesh N. Mehra, Medical Director

4437 Brookfield Corporate Drive - Chantilly, VA 20151 - Office (703) 968 - 7277 Fax (703) 968 - 5644

MEDICAL RECORDS RELEASE FORM

Name of Physician: _____ Date: _____

Address: _____
Street City Zip

Telephone: _____ Fax: _____

Name of Patient: _____ Date: _____

SS#: _____ Date of birth: _____

Address: _____
Street City Zip

Telephone: _____ Fax: _____

Please send copies of my records to:

Name: _____
(Name of the Facility or Physician)

Address: _____
Street City Zip

Telephone: _____ Fax: _____

Please send the following records:

____ ER VISIT ____ X-RAY ____ LAB ____ EKG ____ ALL MEDICAL RECORDS

Please check below the reason (s) for your request:

- | | |
|------------------------------------|---|
| ____ Moving | ____ Changing physicians |
| ____ Unhappy with our practice | ____ Legal reasons (You have an attorney) |
| ____ Car accident related purposes | ____ Life insurance purposes |
| ____ Employer's request/needs | ____ Seeing a specialist physician |
| ____ Sports needs | ____ Continuing of care with my PCP |

I understand that this authorization can only be revoked in writing by me (the patient) or legal guardian for patient under age of eighteen

Patient/Guardian name: _____ Signature: _____

FOR OFFICE USE ONLY

Medical records request form received: _____

Review by Dr. Rajesh Mehra and authorized to send: _____

Medical Records sent to the above request party: _____

Person sending medical records: _____