

John S. Hong, MD, MS
Internal Medicine

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RELEASE OF INFORMATION

Name of Medical Facility you are requesting information from

I authorize to release medical information to John S. Hong, MD, MS. Please send my medical records to the address or fax listed in the letterhead which include the following:

{Please circle what you would like to send to Dr. Hong}

- Discharge Summary(s)
- History & Physical Examination
- Progress Notes (Recent) (All) {please circle one}
- Labs (Recent) (All) {please circle one}
- Radiology Reports (Recent) (All) {please circle one}
- Procedure Notes
- Other _____

Printed Name of Patient Requesting Medical Records

Date of Birth and/or Social Security Number (for identification purposes)

Signature of Patient

Date