NOVA Innovative Gastroenterology

Phone: 571-463-3900 | Fax: 571-470-0064
Email: info@nigdoctor.com

Authorization to Obtain Medical Records

I hereby authorize:

_____
_____
_____

To disclose the following protected health information to:

NOVA Innovative Gastroenterology
Fax: 571-470-0064

Please send only paper documents. Do not send CDs.

Patient Name: _____
Date of Birth: _____
Social Security #: _____

Date of Records:

All Records _____
From: _____ To: _____

_____ _____
Signature of Patient or Personal Representative Date

_____ _____
Printed Name of Patient or Personal Representative Date

Confidentiality Notice

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Staff Initials _____