Blue Ridge Internal Medicine
1922 Thomson Drive, Lynchburg, VA 24501
eMail: Records@Laptopdoc.net

Authorization to Release Healthcare Information

I, _____ authorize and request Blue Ridge Internal Medicine to release my healthcare information including, but not limited to, office visit notes, problem lists, medication lists, insurance card information, lab and other testing results, and outside records such as hospital or specialist notes.

Please check one of the following boxes:

☐ I will prepay to have my records in PDF format sent on CD-ROM to:

Address: _____

☐ Please call me when ready so that I can pick up a CD containing my records in PDF format. I might optionally bring a thumb drive to store my records in lieu of CD.

_____ _____
Signature Date