

# VIRGINIA ORTHOPAEDIC CENTER, P.C.

BENJAMIN F. ALLEN, M.D.  
 ROBERT RUTKOWSKI, M.D.  
 CRAIG A. REIGEL, M.D.  
 WAHID M. BAQAIE, M.D.



KEE MILLER, PT  
 HELEN HAGAN-RITZ, PT  
 BONNY WAGNER, OTR, CHT

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO ANY INDIVIDUAL OTHER THAN YOURSELF

ANY AND ALL OF MEDICAL INFORMATION MAY BE GIVEN ON MY BEHALF TO THE  
 FOLLOWING INDIVIDUALS:

- 1.) \_\_\_\_\_ Phone: \_\_\_\_\_
- 2.) \_\_\_\_\_ Phone: \_\_\_\_\_
- 3.) \_\_\_\_\_ Phone: \_\_\_\_\_

Please let us know how to contact you with lab/Radiology results, appointment confirmation or any other medical information:

ALTERNATIVE CONTACTS:	YES	NO
Leave message with spouse		
Leave message with other family		
Leave message with: _____		
Leave message on answering machine at home		
Leave message on answering machine at work		
Leave message on cell phone		
Other _____		

Signature \_\_\_\_\_

Date \_\_\_\_\_