

Inova Fairfax Hospital
Department of Radiation Oncology
Release of Records

TO: _____ (Hospital or Physician's Office)

Please release the following records to: _____, MD

Inova Fairfax Hospital
 Department of Radiation Oncology
 3300 Gallows Road
 Falls Church, Virginia 22042
 Phone (703) 776-3731
 Fax (703) 776-2743

√ Dates	Item	√ Dates	Item
	Pathology Reports		MRI films and reports
	Operative Reports		Bone scan films and reports
	Discharge Summaries		Other films and reports
	CT scans and reports		Radiation Treatment Records
			Simulation/Port Films
Other:			

Patient Name: _____ DOB: _____

Address: _____

Patient or Designated Decision Maker's Signature:
