

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

✓	Item	✓	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 Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_