VIRGINIA NEPHROLOGY GROUP

Ranjit Cheriyan, M.D.
Thomas Rakowski, M.D., F.A.C.P.
Victor Lorica, M.D., F.A.C.N.
Renuka Sothinathan, M.D., M.H.S.
Kinjal Patel, M.D.
Paul Modlinger, M.D., F.A.C.N.
Kevin Lowery, M.D.
Caroline Kwon, M.D.

# Patient Information Release Form

Patients Name: _____

Patients DOB: _____

To maintain patient confidentiality, we do not currently leave messages that have to do with labs results or information about prescriptions on voice mails or emails. In an effort to stop the "phone tag" and more efficiently convey test results to our patients, we offer the option of signing a **release of information form**. This would allow us to leave information on an answering machine or voice mail at any phone number(s) of your choice, so that you may get the information in the timeliest manner possible.

**Please list the phone number(s) that is (are) best to contact you regarding test results or prescription information**.

1. _____ 3. _____

2. _____ 4. _____

You have my permission to contact _____ at _____ whom I designate be informed of my medical care.

By signing below I give my permission to have the physician or the staff of Virginia Nephrology Group to leave information about test results or prescriptions on voicemail/answering machine that answers at the phone number(s) listed above in the event that I do not answer the phone. Or contact the name above that I have listed regarding information of my medical care in this office.

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

1635 N. George Mason Drive, Suite 215, Arlington, VA 22205 (703) 841-0707 Fax (703) 841-0718
3930 Walnut Street, Suite 101, Fairfax, VA 22030 (703) 246-9246 Fax (703) 246-9257

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## Current Physician List

Please list all physicians who are providing care to you along with their specialty.

Please provide **both first & last name and phone number**. Thank you.

| DOCTOR NAME | PHONE | SPECIALTY |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

## Please Enter Pharmacy Information

### Local Pharmacy

Local Pharmacy Name: _____

Local Pharmacy Address: _____

Local Pharmacy Phone/Fax: _____

### Mail Order Pharmacy

Mail Order Pharmacy Name: _____

Mail Order Pharmacy Address: _____

Mail Order Pharmacy Phone/Fax: _____

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