



Medical Release of Information

Drs. Wayne and Fred Shaia
10200 Three Chopt Rd
Henrico, VA 23233

Phone:804-288-3277 Fax: 804-282-1043



We are happy to maintain your records while you are an active patient. We can transfer your records to another health care provider should you wish to seek care elsewhere. We consider patients inactive if either they ask to have their records transferred or they have not been seen in our offices for six years. Our policy is to destroy inactive medical records in accordance with the Department of Health Professions regulations:

Patient Name: _____

Address: _____

SSN#: _____ Birth Date: _____

Why are you requesting your records? _____

Check the preferred method for receiving these records:

Pick up at our office USPS Fax ____ - ____ - ____ email _____
(Not encrypted)

There is a flat administrative fee of \$15 to complete this request and \$1 per piece of paper for all printed pages and postage fee (no per page fee or postage fee for faxes or email delivery method). Please understand we do our best to complete these requests in a very timely matter. However, all requests must be signed off by the doctor and we are bound by his scheduled. We should have your request completed within 5 working days.

Please check appropriate box

[] Above listed patient is giving the authorization for the Balance and Ear Center to send their Medical Records to:

Business Name: _____

Attn: _____

Address _____

City _____ St _____ Zip _____

[] Above listed patient is giving permission for:

_____, who is my _____ to be able to speak with the staff at the Balance and Ear Center about my medical condition and treatment.

Patient's Signature Date: _____

Witness Signature Date: _____