

Salem Surgical Associates
1898 Braeburn Dr. Salem VA 24153

**** Please note: this form is OPTIONAL. If you do not want to give us permission to speak to someone else on your behalf, please leave this form BLANK.****

Release of Medical Information

Patient's Name: _____

Date of Birth: _____

Today's Date: _____

Completion of this form allows Salem Surgical to speak with the following people regarding the patient's care, including diagnoses, treatments, appointments, etc:

Authorized Person: _____ **Relationship:** _____

Phone: _____

Authorized Person: _____ **Relationship:** _____

Phone: _____

Signature

Date

Salem Surgical Employee

****This release is effective for Salem Surgical Associates ONLY. It is not valid for Lewis Gale Medical Center or Blue Ridge Surgery Center.****