



THE ENDOCRINOLOGY GROUP, PLLC

Specializing in diabetes, thyroid, bone, lipid, and other hormonal disorders

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Date: _____

Re: Medical Records Request by: _____

Please be advised pursuant to paragraphs 8.01-413 of the Virginia code, there is a fee for retrieval of Physician Records. The fee is as follows:

- 1. \$15.00 Handling fee **\$ 15.00**
 - 2. \$0.25 per page @ \$0.25 = _____
- Total = \$**

Please make checks payable to: **The Endocrinology Group, PLLC.**

Upon receipt of payment, the records will be sent out. Should you have any additional questions, please feel free to contact our office at 703.717.4170.

Thank you,

The Endocrinology Group, PLLC

For Patients to complete:

XX _____ (patient signature)