



Established in 1973

Kenneth B. Brown, M.D., F.A.C.S.

Gerardo Mendez-Picon, M.D., F.A.C.S.

Barklie W. Zimmerman, M.D., F.A.C.S.

General Surgery

Vascular Surgery

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1800 Glenside Drive, Suite 101

Richmond, Virginia 23229

(804) 968-4435 • FAX (804) 968-4463

Toll Free 1-800-762-5231

The Health Information Privacy Act requires The Richmond Surgical Group to obtain written authorization from its patients regarding requesting and/or releasing of medical records. In order to provide optimal care, efficiency of time and cost, please check one or more of the following listed below:

I, _____, authorize The Richmond Surgical Group to release or obtain medical information to/from the following:

- PCP, Dr. _____
- Other treating physicians, _____
- Bon Secours St. Mary's Hospital
- Bon Secours Memorial Regional Medical Center
- Henrico Doctor's Hospital – Forest and Parham
- Medical College of Virginia
- Other hospital, clinic, urgent care facility _____

I give my permission to the person(s) listed below to receive information about my care:

Name Relationship

Name Relationship

I give permission to leave messages on my answering machine regarding timing of procedures, test results including pathology reports.

Yes

No

Thank you for your cooperation in this matter.

Signature Date Chart #