

LAWRENCE J. CONELL, M.D., PLC
110 NEWMAN AVENUE
HARRISONBURG VA 22801

RELEASE OF INFORMATION TO PCP

In order for us to provide you with optimal care, we request that you authorize the exchange of your medical information with your Primary Care Physician:

PCP: _____ PCP Phone: _____

I hereby give my consent for Lawrence J. Conell, M.D. to exchange my healthcare information with my PCP listed above.

_____ YES

_____ NO

Signature of patient or decision maker

Date