

SLEEP SOLUTIONS OF FREDERICKSBURG

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Today's Date: \_\_\_\_\_

To Whom It May Concern:

I hereby authorize Sleep Solutions of Fredericksburg/ Sleep Disorder Center of Fredericksburg to release my sleep study report(s) to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Virginia law allows for copy charges consisting of the following: \$10.00 administrative fee PLUS \$0.50 per page for the first 50 pages and \$0.25 per page thereafter records picked up by or sent to the patient.

Please allow 48 hours for this request.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_