



Paragon Medical Building, Suite 208
9149 Estate Thomas
St. Thomas, VI 00802
(340) 714-1122 (tel)
(340) 715-4313 (fax)

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____ hereby authorize the release of my medical records to VIGI, LLC,
in St. Thomas, US Virgin Islands.

Please forward, **All of my records** to:

VIGI, LLC
Paragon Medical Building, Suite 208
9149 Estate Thomas
St. Thomas, VI 00802

Or fax to: **(340)714-1122**

Or email to: **info@usvigi.com**

Additional Information/instructions: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

SIGNATURE: _____

WITNESS: _____

DATE: _____