Veteran Health Information Exchange/ Virtual Lifetime Electronic Record (VLER) Health Verification Form

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Please complete this form and return it along with the VA Authorization Form (10-0485). This will help us complete your request to join the Veteran Health Information Exchange/VLER Health program.

PLEASE PRINT:

Full Name:

_____

(Last) (First) (Middle)

Date of Birth: _____

Address:

_____

(Street, Apt #)

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Mobile: _____ Work: _____

E-mail Address: _____

Department of Veterans Affairs
Oklahoma City V.A. Medical Center
921 N.E. 13th Street (136-D)
Oklahoma City, OK 73104-5028

Please contact Jen Hamilton (Veteran Health Information Exchange Coordinator) or Ralph Arnold (ROI Office) with further questions. Jen- (405)456-2038 Ralph- (405)456-1148