VIRTUAL LIFETIME ELECTRONIC RECORD (VLER) HEALTH VERIFICATION FORM FOR

VA SALT LAKE CITY HEALTH CARE SYSTEM

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 VLER Health Program.

PLEASE PRINT:

Full Name: _____
(Last) (First) (Middle)

Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Address: _____
(Street, Apt#)

_____
(City) (State) (Zip Code)

Telephone Numbers:

Home: ( ) _____ - _____ Mobile: ( ) _____ - _____

Email Address (optional): _____

Signature of Veteran: _____ Date: _____

Witness Signature: _____ Date: _____