

**HAMPTON VAMC HEALTHCARE SYSTEM
VIRTUAL LIFETIME ELECTRONIC RECORD
(VLER HEALTH)
VERIFICATION FORM**

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: _____

Address:

(Street, Apt #)

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Mobile: _____ Work: _____

Email Address:
