2304 Wesvill Court, Suite 320
Raleigh, NC 27607
T 919-825-3902
F 919-825-3910

Spine & Pain ASSOCIATES
Feel Better, Live Better

1303 Carthage Street
Sanford, NC 27330
T 919-292-2468
F 919-292-2167

www.spineandpainassociates.com

Request for Medical Records to be Sent to Spine & Pain Associates, PLLC

Date: _____ Medical Record Number (to be filled in by practice): _____

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Cell: _____ Email: _____

I, (Name)_____, hereby authorize

_____ to release the following information:

- ☐ All Records
- ☐ Discharge Summary
- ☐ Hospital Records
- ☐ Emergency Department Records
- ☐ Pathology/Lab Reports
- ☐ Consultation Notes
- ☐ Office Visits
- ☐ Procedure Notes
- ☐ Surgery/Operative Reports
- ☐ Radiology Reports (Ultrasounds, X-rays, MRI, CT scans)

Dates of Service for Requested Release:

- ☐ All Dates
- ☐ Date Range: _____ to _____

I ☐ do ☐ do not authorize release of information related to AIDS, HIV infection, sexually transmitted diseases, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Release information to: Spine & Pain Associates, PLLC
1303 Carthage Street
Sanford, NC 27330
T 919-292-2468 | F 919-292-2167 | www.spineandpainassociates.com

Patient Name: _____ Date: _____

Signature: _____