3840 Ed Drive, Suite 111
Raleigh, NC 27612
919-825-3902

1303 Carthage Street
Sanford, NC 27330
919-292-2468

Spine & Pain ASSOCIATES
Feel Better, Live Better

www.spineandpainassociates.com • Fax 919-292-2167

959 East Street
Pittsboro, NC 27312
919-292-2468

3117 Rogers Road, Unit #120
Wake Forest, NC 27587
919-701-5503

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 the Spine & Pain Associates, PLLC location checked below:

- ☐ 3840 Ed Drive, Suite 111, Raleigh, NC 27612, 919-825-3902
- ☐ 1303 Carthage Street, Sanford, NC 27330, 919-292-2468
- ☐ 959 East Street, Pittsboro, NC 27312, 919-292-2468
- ☐ 3117 Rogers Rd. Unit 120, Wake Forest, NC 27587, 919-701-5503

Patient Name: _____ Date: _____

Signature: _____