



PRIVATE & CONFIDENTIAL

PATIENT'S AUTHORIZATION FOR RELEASE OF RECORDS

I, _____ Date of birth: _____
(please print patient's name)

authorize the release of the following

records: _____

directly to: _____

√ _____ √
(signature of patient) (date requested)

This patient was referred to our office for Pain Management. In order to offer the patient a continuum of care, we would like you to fax us any notes / reports as well as any imaging reports that you might have (EMG, MRI, CT Scans, MRA, X-rays, Bone Scans or any other important reports...). This letter and its contents are permissible under HIPAA, as we are sharing the protected healthcare information (PHI) contained in this letter for purposes related to treatment.