Premier Brain and Spine
10 Parsonage Rd Suite 208A,
Edison, NJ 08837
P: 732-258-0190
F: 732-719-2477
Email: info@premierspinenj.com
www.premierspinenj.com

MEDICAL RECORDS REQUEST FORM

(For Premier Brain & Spine to Release Records)

Patient's Full Name: _____

Date of Birth: _____

Address: _____ Phone number: _____

I hereby authorize: Premier Brain and Spine
10 Parsonage Rd, Suite 208A
Edison, NJ 08837
Phone: 732-258-0190
Fax: 732-719-2477

To release:

[ ] COMPLETE RECORD
[ ] Progress Notes
[ ] Procedure Reports
[ ] History & Physical
[ ] Radiology Reports
[ ] Diagnostic Reports
[ ] Physical Therapy Reports
[ ] Laboratory Results
[ ] Billing record
[ ] _____ (other, specify)

[ ] To myself [ ] Other: _____
Name

_____
Address

_____
Address (Continued)

_____
Phone

_____
Fax

_____
Signature of Patient or Legal Representative

_____
Date

_____
Print Name