



Premier Brain and Spine  
10 Parsonage Rd Suite 208A,  
Edison, NJ 08837  
P: 732-258-0190  
F: (908) 686-6476  
Email: info@premierspinenj.com  
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**MEDICAL RECORDS REQUEST FORM**

(For Others to Release Records to Premier Brain & Spine)

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone  
number: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_  
Facility/Physician Name

\_\_\_\_\_  
Facility/Physician Address

\_\_\_\_\_  
Facility/Physician Address (Continued)

\_\_\_\_\_  
Facility/Physician Phone

\_\_\_\_\_  
Facility/Physician Fax

To release:    ☐ COMPLETE RECORD                      ☐ Diagnostic Reports  
                  ☐ Progress Notes                                ☐ Physical Therapy Reports  
                  ☐ Procedure Reports                               ☐ Laboratory Results  
                  ☐ History & Physical                              ☐ Billing record  
                  ☐ Radiology Reports                             ☐ \_\_\_\_\_ (other, specify)

To: Premier Brain and Spine  
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Phone: 732-258-0190  
Fax: (908) 686-6476

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name