

**RIVERSIDE SPINE AND PAIN PHYSICIANS  
7207 Golden Wings Road Suite 100  
Jacksonville, Florida 32244  
904 389-1010 / FAX 904-3891082**

**MEDICAL RECORDS RELEASE REQUEST**

**I AUTHORIZE THE RELEASE OF ANY/ALL MEDICAL INFORMATION, INCLUDING HISTORY, TREATMENT, DIAGNOSIS, PROGNOSIS ANY INFORMATION RELATED TO PSYCHIATRIC CARE, DRUG AND ALCOHOL TREATMENT AND ABUSE AND HIV/AIDS CONFIDENTIAL INFORMATION.**

**I \_\_\_\_\_ REQUEST RELEASE OF CONFIDENTIAL MEDICAL INFORMATION FROM:**

**RIVERSIDE SPINE AND PAIN PHYSICAINS, P.L.  
7207 GOLDEN WINGS ROAD SUITE 100  
JACKSONVILLE, FLORIDA 32244**

**DOS REQUESTED : \_\_\_/\_\_\_/\_\_\_\_\_ TO \_\_\_/\_\_\_/\_\_\_**

**I REQUEST RECORDS BE SENT TO:**

\_\_\_\_\_  
**DOCTOR**

\_\_\_\_\_  
**HOSPITAL**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP**

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

\_\_\_\_\_  
**PATIENT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SOCIAL SECURITY #**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**SIGNATURE OF PATIENT /OR GUARDIAN**