

**RIVERSIDE SPINE AND PAIN PHYSICIANS
7207 Golden Wings Road
Jacksonville, Florida 32244
904-389-1010/ FAX 904-389-1082**

MEDICAL RECORDS RELEASE REQUEST

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

I _____ REQUEST RELEASE FROM:

DOCTOR: _____

HOSPITAL: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

DOS REQUESTED: ___/___/_____ TO ___/_____/_____

I REQUEST MY RECORDS BE SENT TO:

**RIVERSIDE SPINE AND PAIN PHYSICIANS
7207 Golden Wings Road
Jacksonville, Florida 32244
Fax (904) 389-1082**

PRINT NAME

DATE

DATE OF BIRTH

SOCIAL SECURITY #

SIGNATURE OF PATIENT/ OR GUARDIAN