



Interventional Spine & Sports Medicine, PC

Interventional
Spine & Sports
Medicine, PC

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RECORDS RELEASE AUTHORIZATION

TO: _____

I, _____ HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:



Interventional Spine & Sports Medicine, P.C.

1579 Straits Tpke
Middlebury, CT 06762
Phone: 203-598-7246
Fax: 203-598-0200

THE COMPLETE HISTORY RECORDS IN YOUR POSSESSION, CONCERNING MY ILLNESS AND/OR TREATMENT

DURING THE PERIOD FROM _____ TO _____

NAME _____ DOB _____

ADDRESS _____

SIGNATURE _____ DATE _____

IF OTHER THAN PATIENT STATE RELATIONSHIP _____ WITNESS _____