Innovation MD
2350 Limestone Pkwy,
Gainesville, GA 30501

Medical Record Request Form_ NGPG Established

Authorization To Release Confidential Health Information

PATIENT NAME: * _____

PATIENT DATE OF BIRTH * _____

Authorization for Use/Disclosure of Information:

I voluntarily consent to authorize my health care provider to use or disclose my health information during the term of this Authorization to the named recipient.

Purpose:

I authorize the release of my health information for the following specific purpose: *

☐ continuation of care
☐ transfer of care
☐ at the request of the patient

Information to be disclosed:

1. Medical problem and medication/allergy list
2. Last procedure note
3. Last 2 years MRI, CT, X-rays or any nerve conduction studies
4. Last 3 office notes

I hereby authorize the above records to be leased FROM the office of:

NGPG Interventional Pain Medicine
1315 Jesse Jewell Pkwy Gainesville, GA 30501
Phone #: 770-219-6520
Fax #:770-219-6903

To release my records TO:

Innovation MD
P. Tennent Slack, MD
Phone #: (470) 252-6710
Fax #: (877) 852-7990

Term:

Until 1 year from the date of the signed authorization or until I revoke this authorization.

PATIENT SIGNATURE: : _____

DATE: _____