

Barrack Spine & Joint Medicine

1230 JOHNSON FERRY PLACE • BUILDING 2 • SUITE H-15/20
MARIETTA, GEORGIA 30068
TEL 678.738.7601 FAX 678.738.7605

Medical Record Release Form

I authorize Barrack Spine and Joint Medicine, Inc. to release a copy of my medical records to the physician/person/facility entity listed below. I am aware that this is confidential health information.

Patient Name: _____ Social Security Number _____

Date of Birth: _____

Physician Name/ Entity: _____

Please release the following information: (Circle all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Office Notes (office visit MD notations) | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Pathology/ LabReports | <input type="checkbox"/> Xrays/MRI Reports |
| <input type="checkbox"/> Other _____ | |
-

Records to be released to the following physician/entity:

Name: _____

Address: _____

City: _____ State _____ Zip _____

I understand to above requested information will be provided within 5 working days from receipt of the request and that a fee for preparing this information may be charged.

Printed Patient Name

Signature of Patient

Date _____