

MEDICAL RELEASE FORM

We would appreciate your cooperation as our mutual patient is scheduled to see a provider of Houston Pain Specialists. We are requesting the following records for this appointment:

- Last 2 office notes from primary care physician Dr._____
 - PH: _____ FAX: _____

- Last 2 office notes from referring physician Dr._____
 - PH: _____ FAX: _____

- Last 2 months of office notes from previous Pain Management doctor(s) seen in the last 2 years. Dr(s)._____
 - PH: _____ FAX: _____

- Release/Transfer of Care* Letter from the previous Pain Management Doctor for Houston Pain Specialists to take over medication/controlled substance management for Pain Management. If Houston Pain Specialists is handling Interventional Pain only, then a letter is not required.

- Imaging reports from the last 2 years to include, if available, x-rays, MRI, CT or Myelogram. (This may be brought in on CD/Films but must be accompanied by *REPORT*)

I, _____ (DOB:_____), AUTHORIZE you to release the medical record information request above to Houston Pain Specialists. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it.

Patient Signature

Date