Expert Pain Physicians
Pain & Spine Wellness Center

Nitin Malhotra, MD
Neil Malhotra, MD

Interventional Pain Specialists
Fellowship Trained
Board Certified
expertpainmd.com

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

PATIENT INFORMATION

Patient Name: ______________________________________

Patient SSN: ______________________________________

Date of Birth: ______________________________________

To be completed by Office Staff only:

PATIENT AUTHORIZES RELEASE OF MEDICAL INFORMATION FROM:

Physician or Agency: ______________________________________

Street Address: ______________________________________

City, State, Zip: ______________________________________

Phone: ______________________________________

Fax Number: ______________________________________

TO:

Expert Pain Physicians
16045 S. 108th Avenue, Suite C
Orland Park, IL 60467

Phone: 708-981-3901
Fax: 708-981-3912

Patient authorizes the following information to be released*:

□	All Records	□	Billing Records
□	Laboratory/Pathology Records	□	Abstract/Summary
□	Imaging Studies	□	Other: ____________________

* Note: If these records contain any information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, or sexually transmitted disease, you are here by authorizing disclosure of this information.

I certify that this request has been made voluntarily and that the information given is accurate to the best of my knowledge. I understand that I may revoke this Authorization at any time by my written statement. A signed copy or facsimile of this authorization for release of medical information may submitted as if it were an original certify that this authorization has been made voluntarily and shall remain valid for one year from the date set forth below unless I revoke my authorization by written notice to Expert Pain Physicians.

X______________________________________ ______________________________

Patient Signature (or patient representative) **Date**

______________________________________ ______________________________

Printed Name of Patient (or patient representative) **Representative's relationship to patient**