

TIPS MEDICAL RELEASE FORM

Tampa Institute for Pain and Spine
13140 Elk Mountain Dr. Ste B, Riverview, FL 33579
(813) 513-TIPS (8477) Office, (813) 574-7761 Fax www.InstituteForPainandSpine.com

We would appreciate your cooperation as your patient is scheduled to see Dr. Mukalel at Tampa Institute for Pain and Spine. We are requesting the following records for this appointment:

- Last 2 office notes from primary care physician Dr. _____.
- Last 2 office notes from referring physician Dr. _____.
- Last six months of office notes from previous Pain Management doctor(s) seen in the last 2 years. Dr(s). _____.
- Release of Care Letter will be necessary if currently treating with Pain Management.
- Last 6 months medication list print out from any pharmacy used in the last 6 months.
- imaging reports from the last 2 years to include, if available, x-rays, MRI, CT or Myelogram.
(This may be brought in on CD or Films and also require report to be brought in as well.)

I, _____, AUTHORIZE you to release the medical record information request above to the Tampa Institute for Pain and Spine. 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.

Signature of Patient/Representative

DATE

NOTE: This information request on this form will authorize the addressee(s) to disclose information you specify to the Tampa Institute for Pain and Spine. This information will be used to assist our medical staff in your examination and treatment. Your disclosure of information request is voluntary. However, your failure to give consent may result in incomplete information on which to base your treatment.