



VERTEX SPINE & PAIN

Advances in Neuromodulation

RELEASE OF MEDICAL RECORDS CONSENT FORM

Copy to be placed in patient's chart:
RECORDS TO BE RELEASED FROM:

Address: _____

All Records: YES _____ SELECTED PERIOD OF TIME: _____

PLEASE FORWARD A COPY OF MY MEDICAL RECORDS TO:

VERTEX SPINE & PAIN
100 COVEY DRIVE, SUITE 103
FRANKLIN, TN 37067
P: 615-550-8500
F: 615-550-8501
www.spinenashville.com

PATIENT'S NAME: _____

PATIENT'S SIGNATURE: _____

I understand that the information in my medical record may include information relating to treatment of drug or alcohol abuse, sickle cell anemia, psychological or psychiatric impairments, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC), and immunodeficiency virus (HIV).

RESPONSIBLE PARTY'S SIGNATURE: _____

PATIENT'S DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____

PATIENT'S SS #: _____

PATIENT'S PHONE #: _____

Matthew P Rupert, MD MS FIPP
Fellowship Trained
Boarded in Anesthesiology
Boarded in ABMS Pain Medicine
Boarded in Interventional Pain
Fellow of Interventional Pain Practice