



**REDEFINE
HEALTHCARE®**
ORTHOPEDIC PAIN & SPINE CENTER

Premier Brain and Spine LLC dba Redefine Healthcare

2500 Morris Avenue, Suite 220, Union, NJ 070783

P: (732) 906-9600 F: (908) 686-6476

Email: info@redefinehealthcare.com

www.RedefineHealthcare.com

MEDICAL RECORDS REQUEST FORM

(For Redefine Healthcare to Release Records)

Patient's Full Name: _____

Date of Birth: _____

Address: _____

Phone number: _____

I hereby authorize: Premier Brain and Spine LLC dba Redefine Healthcare
2500 Morris Avenue Suite 220
Union, NJ 070783
Phone: (732) 906-9600
Fax: (908) 686-6476

- To release:
- | | |
|---|---|
| <input type="checkbox"/> COMPLETE RECORD | <input type="checkbox"/> Diagnostic Reports |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Physical Therapy Reports |
| <input type="checkbox"/> Procedure Reports | <input type="checkbox"/> Laboratory Results |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Billing record |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> _____ (other, specify) |

To myself Other: _____
Name

Address

Address (Continued)

Phone

Fax

Signature of Patient or Legal Representative

Date

Print Name