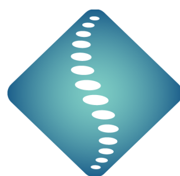
Carolina Spine and Disc Center
11618 US Hwy Business 70 W
Suite 106
Clayton, NC 27520
Phone: 919-373-2000
Fax: 919-373-2200



CAROLINA SPINE
&DISC CENTER

Records Release Authorization

Patient's Name:________________________________ Date of Birth: ______________

Previous Name(s):_______________________ Social Security # (last 4 digits):_________

*************************************** For Office Use Only**

I request and authorize ____
to release healthcare information of the patient named above to:

Carolina Spine and Disc Center
11618 US Hwy Business 70 W, Suite 106
Clayton, NC 27520

This request and authorization applies to:

Healthcare information, Office notes, Reports and Radiography Results related to:

- □ Lumbar (Low back/Hip/Leg) pain or problem
- □ Cervical (Neck/Shoulder/Arm) pain or problem
- □ Other:__________________________________

Please fax records to 919-373-2200

Patient Signature: _________________________________ Date Signed:________________________

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER IT IS SIGNED.