

Regenerative Medicine Center
Larry D. Brock, M.D.
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5901 Airport Boulevard, Suite E
Mobile, Alabama 36608-3156

Phone: (251) 342-0505
Fax: (251) 342-0360

REQUEST FOR RELEASE OF MEDICAL RECORDS

Date: _____

I, _____ hereby authorize _____
(Print Patient Name)

to release my medical records to Regenerative Medicine Center. These records will be used for informational purposes; I am not changing doctors.

The specific information to be disclosed is:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Physician's Chart Notes | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Billing Information | <input type="checkbox"/> All Records |

This information can be faxed to:

Regenerative Medicine Center

Fax: (251) 342-0360

or Mailed to:

Regenerative Medicine Center
5901 Airport Boulevard, Suite E
Mobile, Alabama 36608-3156

Phone: (251) 342-0505

Patient Signature _____

Date of Birth: ____/____/____

Social Security: _____