

LEGACY PAIN AND SPINE SPECIALISTS

Joshua Meyer, M.D.

Medical Records Release

Date: _____ Date of Birth: _____

Patient Name: _____

Address: _____

SSN: _____ Telephone: _____

I, _____ authorize PM Healthcare, LLC dba Legacy Pain and Spine Specialists to receive and release my medical information.

Date of Birth: _____ Social Security Number: _____

Records requested:

- History and Physical
- Most recent office visit note
- MRI/CT/XRAY results
- EMG/Nerve Conduction results
- Other

Patient Signature: _____ Date of Birth: _____

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