



Bradenton Location
6815 14th Street West, Suite 204
Bradenton, FL 34207
(941) 758-7300
FAX: (941) 758-7334

Sarasota Location
2325 South Tamiami Trail
Sarasota, FL 34239
(941) 758-7300

I, _____ hereby request that my medical records on file with

Be Sent to:

Pain Medicine Institute, PLLC
6815 14th Street West, Ste 204
Bradenton, FL 34207
(941) 758-7300
FAX: (941) 758-7334

Please Forward:

- Office Visits
- Initial History and Physical
- MRI Reports
- Lab Reports
- Correspondence
- Insurance Information

Patient Signature

Date

Patient Date of Birth

Patient Social Security Number

NOTE: If someone other than the patient will be picking up the records, a written note from the patient is required. The note must include the date and patient's signature. Attach note to this form prior to sending the records.