



AXIS SPINAL CARE

Dr. Matthew Labertew
416 W Bethalto Dr.
Bethalto, IL. 62010
(618) 377-9920

RELEASE OF MEDICAL RECORDS

I, _____ Date of Birth _____
_____ authorize
_____ Name

To release my protected health information to:

Axis Spinal Care
Dr. Matthew Labertew
416 West Bethalto Dr.
Bethalto, IL 62010
(618)377-9920

This includes:

X-Ray Reports

X-Ray Films

MRI/CT/Ultrasound
Progress Notes

Other _____

Date(s) of Service: _____

This release is effective as of the date signed below and will remain in effect until otherwise revoked in writing.

Signature of Patient or Representative Date