

TRINITY PAIN MANAGEMENT
D/B/A TRINITY HEALTH CENTER

Dr. Nader Said
8115 State Road 54
New Port Richey, FL 34655
Phone: 727-376-6111
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REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient's Name (please print)

Date

Patient's Signature

Patient's Date of Birth

I request that my records be released from:

Fax No. _____

(Name and address of person or Office where records are to be obtained from: _____

Specific information to be released: ____ Radiology Reports ____ Last Office Visit

____ Labs ____ All Records _____ Other

I request that my records be released to:

Trinity Pain Management
8115 State Road 54
New Port Richey, FL 34655

FAX: 727-376-6199