

ALPHA

Pain & Wellness Center
3253 S. Harlem Ave.
Berwyn, IL. 60402

Phone: (708) 788-3880
Fax: (708) 788-4757

PATIENT REQUEST FOR RECORDS

Date: _____

To: _____

Address: _____

City: _____ State: _____ Zip: _____

I _____ hereby authorize the release of my medical records or copies of such and request that they be transferred to:

Alpha Pain & Wellness Center
3253 S. Harlem Ave.
Berwyn, IL 60402
Phone: 708-788-3880
Fax: 708-788-4757

Patient's Name

Patient's Date of Birth/ Social Security Number

Patient's Signature