

Active Spine and Joint Center  
100 Bluegrass Commons BLVD, STE 150  
Hendersonville, TN 37075

Phone 615.537.5520  
Fax 615.537.5521



## PATIENT RELEASE OF MEDICAL RECORDS

I, \_\_\_\_\_, request and give my permission to release my medical records from the time period dating from \_\_\_ / \_\_\_ / \_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_ -OR-  ALL RECORDS

from the following medical clinic:

Clinic Name	
Address	
Phone Number	
Fax Number	
Records Requested <small>(Please check which records should be released)</small>	<input type="checkbox"/> Physician Notes <input type="checkbox"/> Imaging Reports <input type="checkbox"/> Lab Reports <input type="checkbox"/> ALL RECORDS

The medical records as listed above should be released to:

**By Mail:**  
Dr. Jason B. Hulme  
c/o Active Spine and Joint Center  
100 Bluegrass Commons BLVD, Suite 150  
Hendersonville, TN 37075  
-or-  
**By Fax:**  
Active Spine and Joint Center  
(615) 537-5521

Patient's Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_

Patient / Guardian Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_