



Oregon Spine Care

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Request for Release of Medical Records

Medical Records to be sent to / from

Oregon Spine Care
19255 SW 65th Ave Suite 200
Tualatin OR 97062
Phone: 503-828-1150
Fax: 503-828-1160

Records to be released from / to

- Please release the complete medical records in your possession.
- Please release

_____ (Specifically describe information to be used/disclosed)

Patient Name _____ DOB _____

Address _____

The following must be INITIALED by the requestor to be included in the use and or disclosure:

HIV/AIDS information Genetic Testing Information
 Mental Health information Drug/Substance Abuse information
 Alcohol/chemical dependency diagnosis, treatment or referral information

This consent may be revoked by the signed at any time expect to the extent that released information has already occurred. Unless otherwise revoked, this consent will automatically expire in 1 year.

Signed _____

Date _____