Interventional Pain Wellness Center

[ ] Kush Tripathi, MD
4515 Wiles Rd, Suite 201
Coconut Creek, FL 33073
Tel: (954) 633-2397

[ ] Marc Cohen, MD
601 E Sample Rd, Suite 105
Pompano Beach, FL 33064
Fax: (954) 532-7729

[ ] Rekha Suthar, MD
13722 Jog Rd, Suite A
Delray Beach, FL 33484
Tel: (561) 495-7570

Patient Authorization for Release of Medical Information

To: _____ Fax: _____

From: _____ Phone: _____

Patient: _____ DOB: _____

I hereby authorize Interventional Pain and Wellness Center to the following information:

- All my health information, including but not limited to AIDS/HIV and other communicable disease information.
- Labs
- Other: _____

This authorization is valid for one (1) year from the date of signing and may be revoked at any time by providing written notice of revocation. I understand I cannot revoke this authorization retroactively for information already released.

_____ _____

Patient signature Patient name printed

_____

Date