AINSWORTH INSTITUTE OF PAIN MANAGEMENT

139 East 57th Street, 2nd Floor
New York, NY 10022
212-203-2813
info@ainpain.com
www.AinsworthInstitute.com

RELEASE OF MEDICAL RECORDS

I hereby request and authorize The Ainsworth Institute of Pain Management, Corey W Hunter, MD, to obtain Medical Information from:

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Please mail, email or fax copies of these records to:

The Ainsworth Institute of Pain Management
139 East 57th Street, 2nd Floor
New York NY 10022

info@ainpain.com

Fax number: (646) 607-9061

* If you should have any questions or require clarification, please feel free to contact the Ainsworth Institute of Pain Management at (212) 203-2813.

_____ _____ _____
Patient Name Date of Birth Social Security Number

_____
Address

_____ _____ _____
City State Zip Code

_____ _____
Print Name Date

_____ _____
Signature of Patient Signature of Guardian: