



AUTHORIZATION TO RELEASE MEDICAL RECORDS TO NSPC

I hereby authorize:

to release my medical records to the National Spine & Pain Centers at:

- 6355 Walker Lane Ste 507 • Alexandria, VA 22310 • Phone (703) 738-4332
- 8101 Hinson Farm Road Ste 308 • Alexandria, VA 22306 • Phone (703) 738-4378
- 2800 Shirlington Road Ste 102 • Arlington, VA 22206 • (703) 738-4336
- 3803 North Fairfax Drive Ste 400 • Arlington, VA 22203 • (703) 738-4380
- 13890 Braddock Road Ste 100 • Centreville, VA 20121 • (703) 738-4339
- 3031 Javier Road Ste 100 • Fairfax, VA 22031 • (703) 738-4331
- 411 Park Hill Drive Ste B • Fredericksburg, VA 22401 • (540) 368-3917
- 5213 Hickory Park Drive Ste B • Glen Allen, VA 23059 • (804) 270-7262
- 150 Elden Street Ste 240 • Herndon, VA 20170 • (703) 738-4335
- 19500 Sandridge Way Ste 100 • Lansdowne, VA 20176 • (703) 738-4344
- 8644 Sudley Road, Ste 117, Manassas, VA 20110 • (703) 738-4375
- 1430 Spring Hill Road Ste 103 • McLean, VA 22102 • (703) 738-4342
- 174 Waterfront Street Ste 320 • National Harbor, MD 20745 • (301) 485-7400
- 3 Washington Circle Ste 305 • NW Washington, DC 20037 • (202) 540-7641
- 14605 Potomac Branch Dr Ste 100 • Woodbridge, VA 22191 • (703) 738-4371

Fax: (703) 642-1876

Patient's Name (Printed): _____

Patient's Date of Birth: _____ Patient Social Security Number: _____

Patient's Address: _____

Patient's Signature: _____ Date: _____