



NEVADA COMPREHENSIVE PAIN CENTER

2809 W Charleston Blvd #150, Las Vegas, NV 89102
2410 W. Horizon Ridge Pkwy. Suite 120, Henderson, NV 89052
7730 W. Cheyenne Ave. Suite 120, Las Vegas, NV 89129
Phone: (702)476-9999 Fax: (702)946-5022

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Phone Number: _____

Date of Birth: _____ Social Security #: _____

I request and authorize **NEVADA COMPREHENSIVE PAIN CENTER**
to release healthcare information of the patient named above to:

Facility/
Doctor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

This request and authorization applies to:

All healthcare information

Healthcare information relating to the following treatment, condition, or dates:

Other: _____

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____