

CAROLINA PAIN MANAGEMENT

A Division of Carolina Neurosurgery, P.A.

Albert K. Bartko III, MD

American Board of Physical Medicine and Rehabilitation

301 East Wendover Avenue, Suite 213, Greensboro NC 27401

Phone: 336/346-0960

Fax: 336/346-0962

Medical Records Release

Patients of Dr. Albert Bartko

Fax to: Guilford Orthopaedic, attn: Lynn W., 275-5346

Patient: _____ Date of Birth: _____

SSN: _____

I give Guilford Orthopaedic permission to release my complete medical records to Carolina Pain Management, a division of Carolina Neurosurgery, P.A. The records are needed on an urgent basis to ensure continuity of care.

By signing below I release Guilford Orthopaedic and Carolina Neurosurgery, P.A. from any and all laws related to the disclosure of confidential or privileged information.

Signed: _____ Date: _____
(patient or parent/guardian of minor)

Witness: _____

_____ I prefer to pick up my records. Please call me at _____ when they are available. Messages may be left on an answering machine.

_____ Please fax my records to 336/346-0962, attention "New patient appointment."

_____ Please mail my records to Carolina Pain Management, 301 E. Wendover Avenue, Suite 213, Greensboro NC 27401. Attn: New patient appointment.