

**ADVANCED
BACK NECK
CARE CENTER**

565 Long Hill Road
Groton, Connecticut 06340
(860) 448-2225
(860) 446-0784 (fax)
www.AdvancedBackandNeck.com

REQUEST OF RECORDS TRANSFER

I, _____ hereby authorize the release of all health records, exams, reports, x-rays and labs of such request that they are transferred to:

Name: Advanced Back & Neck Care Center, LLC

Address: 565 Long Hill Road, Groton, CT 06340

Phone: (860) 448-2225

Fax: (860) 446-0784

From:

Name: _____

Address: _____

Phone: _____

Fax: _____

Signature (Patient/Guardian)

Date of Birth

Date

This records request will expire 5 years from this date.