



Coastal Spine & Pain, LLC

150 W. Peachtree Avenue, Foley, Alabama 36535

Telephone (251) 291-2311 • Fax (888) 894-5212

Group NPI 1265373484 • Tax ID 41-3690552

REQUEST FOR MEDICAL RECORDS — FAX TRANSMISSION

SEND TO

COMPLETE EVERY LINE

FACILITY OR PRACTICE NAME

ATTENTION — MEDICAL RECORDS / HEALTH INFORMATION

THEIR FAX NUMBER

THEIR TELEPHONE

DATE OF THIS REQUEST

SENT BY

STAFF MEMBER MAKING THIS REQUEST

DIRECT CALLBACK NUMBER

PAGES INCLUDING THIS COVER

REQUESTING PROVIDER — check one

☐ Richard T. Webb, M.D. — NPI 1790125805

☐ Lauren R. Arredondo, FNP-C — NPI 1457797458

PATIENT

PATIENT NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

LAST 4 OF SOCIAL SECURITY NO.

ANY FORMER OR OTHER NAMES USED

DATES OF SERVICE — FROM

DATES OF SERVICE — TO

☐ All dates of service ☐ Most recent 12 months only ☐ Most recent 24 months only

RECORDS REQUESTED

CHECK ALL THAT APPLY

- | | |
|--|---|
| ☐ Office and progress notes | ☐ Laboratory results |
| ☐ Consultation reports | ☐ Urine drug screen results |
| ☐ Procedure and operative reports | ☐ Medication list and prescription history |
| ☐ Imaging reports — written interpretations | ☐ Controlled substance agreement, if any |
| ☐ Imaging studies on disc or digital transfer | ☐ Other: _____ |

BASIS FOR THIS REQUEST AND TIMING

- ☐ **CONTINUITY OF CARE.** The patient is establishing care or is under active treatment at this practice. Disclosure to another covered entity for that entity's treatment activities is permitted without patient authorization under 45 C.F.R. § 164.506(c)(2).
- ☐ Signed patient authorization is attached to this transmission.

☐ ROUTINE — please respond within 10 business days ☐ EXPEDITED — appt. _____ ; needed by _____

SIGNATURE OF REQUESTING PROVIDER OR AUTHORIZED STAFF

DATE

RETURN RECORDS TO: Fax (888) 894-5212 • 150 W. Peachtree Avenue, Foley, AL 36535 • Questions (251) 291-2311

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