

Dear Patient:

Thank you for contacting **Pain Consultants of West Florida** Medical Records Department. To better serve you with your request for medical records, **Pain Consultants of West Florida** has partnered with Sharecare Health Data Services.

Sharecare Health Data Services will fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have *specific* instructions included as to **what** records you are requesting and **where** you are requesting they be sent. You also have a choice of **how** you would like to have your records delivered. For records to be delivered directly to you, please choose mail or email. For records to be delivered to another doctor, please choose fax or mail. Please select only one option. *The fax delivery option may only be used for records going to a doctor. Please mail/fax/drop-off the completed Authorization form to Pain Consultants of West Florida*

If you choose to fax your request, please fax to (850) 494-0001. Please include a copy of your Driver's License.

If you choose to mail request, please send to:

Pain Consultants of West Florida

Attention: Medical Records

4624 North Davis Highway

Pensacola, FL 32503

For Records being sent to Another Health Care Provider

Please provide as much contact information for your other Doctor, including the address, phone & fax.

You can contact a Sharecare Health Data Services representative at any time by calling:

(866) 967-0133

Thank you,

Medical Records Supervisor

Pain Consultants of West Florida

