



ADVANCED PAIN MANAGEMENT
OF CENTRAL INDIANA
Targeted Pain Relief.

10412 Allisonville Road
Suite 100
Fishers, IN 46038
Phone 317-572-2240
Fax 317-572-2235

Randall J. Franiak, M.D.

Records Request

Patient Name: _____ DOB: _____
Previous Name: _____ SSN: _____

I request and authorize the release of healthcare information of the patient listed above to.....

Advanced Pain Management of Central Indiana
10412 Allisonville Rd
Suite 100
Fishers, IN 46038
Phone: 317-572-2240 Fax: 317-572-2235

Please fax health information related to: Fax: 317-572-2235

- Pain
- Pain Management
- Medication list, especially those related to pain
- Imaging reports related to pain
- Surgical or procedural reports
- Other: _____

The following relates to specially protected health information. Circle yes or no:

YES / NO *I authorize release of laboratory testing results, as it relates to STD results, HIV/AIDS testing, whether positive or negative, to Advanced Pain Management of Central Indiana.*

YES / NO *I authorize the release of any records which may include mental health treatment, including any records regarding drug or alcohol addiction treatment.*

Patient Signature: _____ Date: _____