



INTEGRATED
PAIN AND NEUROSCIENCE

2801 Napoleon Avenue
New Orleans, LA 70115
Phone: (504) 300-9020 Fax: (504) 300-9021

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: _____ Date of Birth: _____

Previous Name: _____ Social Security#: _____

I request and authorize _____ to release
healthcare information of the patient named above to:

NAME: Integrated Pain & Neuroscience LLC / Eric Royster, MD

ADDRESS: 2801 Napoleon Avenue

CITY: New Orleans STATE: LA ZIP CODE: 70115

This request and authorization applies to:

Healthcare Information relating to the following treatment(s), condition(s) or date(s):

All Healthcare information

Other : _____

This Authorization is Effective Until: _____

Patient Signature: _____ Date Signed: _____