



OMEGA PAIN MANAGEMENT

IGOR SMELYANSKY, MD

Board Certified Interventional Pain Management Physician

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Knoxville, TN 37923

Phone: (865) 337-5137

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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Social Security #: _____

I request and authorize _____ to

release healthcare information of the patient named above to:

Name: OMEGA PAIN MANAGEMENT

Address: 9217 Park West Blvd, Ste E1,

City: Knoxville State: TN Zip Code: 37923

This request and authorization applies to:

Last 1-2 office notes, MRI's, X rays, CT scans of my spine from last 2-3 yrs _____

Other: _____

Patient Signature: _____ Date Signed: _____