

Valley Pain Clinic, LLC

Ahmad Shikhtholth, MD - Jeffrey Markham, MD - Shawna Williams, CRNP
2208 Danville Road S.W. Suite G
Phone: (256) 301-9994 ° FAX: (256) 301-5545

Authorization for The Release Of Health Information

I hereby authorize Dr. / Clinic _____

to disclose the following information to Dr. Ahmad Shikhtholth / Valley Pain Clinic LLC at 2208

Danville Rd SW Suite G, Decatur, AL. 35601. Fax number 256-301-5545.

Office Notes

Medication List

Demographic / Insurance Information

X-Rays / MRIs / Imaging

Complete Record

Lab work / Testing

Others: _____

Patient Name: _____

Date of Birth: _____

Patient Signature: _____