

**ADVANCED PHYSICAL THERAPY & REHAB**  
1023 N. HIGHLAND AVENUE MURFREESBORO, TN 37130-2450  
PHONE: (615) 624-8476 FAX: (615) 624-8478

**RELEASE OF MEDICAL RECORDS TO THE UNIVERSAL REHAB SERVICES INC.**  
**DBA ADVANCED PHYSICAL THERAPY & REHAB**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

I hereby authorize the following agency to release my medical records as requested below:

**Releasing Agency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Medical records to be released:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian Signature (if patient is a minor)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient Social Security Number**

\_\_\_\_\_  
**Date of Birth**

**Please send records to:**  
**Advanced Physical Therapy & Rehab**  
**1023 N. Highland Avenue**  
**Murfreesboro, TN 37130-2450**  
**Phone: 615-624-8476**  
**Fax: 615-624-8478**