



**Alabama Spine and Pain**  
Pavan Telang, MD

541 West College Street, Suite 2000  
Florence, AL 35630  
Phone 256-712-2422  
Fax 256-712-2377

**Medical Records Form**

To avoid delays, please fill this form entirely and **mail along with the payment** and supporting documents including patient consent to release information.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Fax No. (where records need to be sent) \_\_\_\_\_

Mode of Payment:  Check ( Amount: \_\_\_\_\_ No: \_\_\_\_\_ Dated: \_\_\_\_\_ )  
Make checks payable to **Alabama Spine and Pain, LLC**

Other \_\_\_\_\_

**Fees:**

**Fax option: \$18.00 for the entire chart irrespective of the number of pages.**

**This is our preferred (quickest) method of sending patient information.**

Please allow 7-10 days for the records to be faxed out after the payment has been made.

For physical copies of medical records, please call the office and make arrangements. Charges are as follows:

Pages 1-25: \$1.00 per page

After 25 pages: \$0.50 per page

If you have any questions, please contact us at [telangmd@gmail.com](mailto:telangmd@gmail.com) or call 2567122422

**Note:**

There is also a fee of \$20 per form that needs to be filled out by the physician.

We do not fill out disability forms.

Thank you.

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