CAPITAL CITY PAINCARE

SARAH BLAKE MD
3600 OLENTANGY RIVER ROAD • BUILDING 480 • COLUMBUS, OHIO 43214
PHONE 614 - 442 - 0700 • FAX 614 - 442 - 0701 • capitalcitypaincare.com

Release of Medical Information

I hereby authorize the release of any and all medical records pertaining to my care to:

Sarah E. Blake, MD
Capital City Pain Care
3600 Olentangy River Road
Building 480
Columbus, OH 43214

Fax: 614-442-0701
Phone: 614-442-0700

Patient Name:_____

Date of Birth:_____ Social Security No:_____

Signature:_____

ON CALL PHYSICIAN
614 - 947 - 9173

OUTREACH CLINIC
408 GLESSNER AVENUE
MANSFIELD, OHIO 44903