

ATTENTION: MEDICAL RECORDS

I, _____ release **my x-rays and reports** to Heartland Chiropractic and Wellness Center.

FROM: Facility/ Physician: _____

Phone/Fax _____

Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

PATIENT: _____ Date of Birth: _____
Name (Print)

Social Security# _____

Signature: _____

Date: _____