Wake Forest Chiropractic
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Wake Forest, NC 27587
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Wakeforestchiropractic.com

PATIENT RECORDS REQUEST & RELEASE

Requested from: _____

_____

Released To: _____

_____

❒ I give my consent to release my records indicated below to the above individual or practice via/fax/email/standard mail.

Please send:

❒ X-rays Reports ❒ History ❒ Treatment Notes ❒ Most Recent Lab Reports

I do not want the following specific records released: _____

I understand that state and federal law prohibits any third-party to whom patient records are released from making further disclosure of my protected health information without my written consent.

Printed patient name: _____

DOB: _____

_____ _____

Patient signature Date