FAMILY CHIROPRACTIC & Wellness
Reclaim your health.

2629 University Blvd.,
Ames, IA 50010
Phone: (515) 233-9087
Fax: (515) 233-6409

Authorization to Release Records

From (Doctor/Hospital/Clinic): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, request and authorize you to provide Family Chiropractic and Wellness all requested records and reports, including x-ray images and any other requested information relating to any examination or treatment concerning any condition that I may have had in the past or now have.

Patient Name (please print): _____ Date of Birth: _____

Requested Materials: _____

Special Instructions: _____

Please forward the x-ray images and any other requested records to Family Chiropractic and Wellness at the address below.

Please mail to: Family Chiropractic and Wellness
2629 University Blvd.
Ames, IA 50010

Signature: _____ Date: _____

Witness: _____ Date: _____