



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

# Authorization to Transfer Records

From: Family Chiropractic and Wellness  
2629 University Blvd.  
Ames, IA 50010  
Phone: (515) 233-9087  
Fax: (515) 233-6409

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of my x-rays and medical records and request that they are transferred to:

To (Doctor/Hospital/Clinic): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Records: \_\_\_\_\_ to \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_