LEGACY
CHIROPRACTIC
& WELLNESS

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Hoover, AL 35244

O: 205-985-9888
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MEDICAL RECORDS RELEASE FORM

Patient's name: _____

Date of Birth: _____

Requesting records from: _____

Phone Number: _____ **Fax Number:** _____

Requesting records from: _____

Phone Number: _____**Fax Number:** _____

********Please fax MRI or X-Ray reports to 205-985-9895********

The release of my records is for continuation of care. Thank You.

_____

Patient's Signature **Date Signed**