Great Lakes Chiropractic
116 Central Ave East St. Michael, MN 55376
PH: 763-515-6650 | FAX: 763-777-9186

AUTHORIZATION TO SHARE DATA: Treatment, Account, Payment and Appointment details

I authorize Great Lakes Chiropractic to share my account information including TREATMENT DETAILS, ACCOUNT INFORMATION, PAYMENT DETAILS, AND APPOINTMENT TIMES with the following people:

Name: _____

Relationship to patient: _____

Name: _____

Relationship to patient: _____

Name: _____

Relationship to patient: _____

This is valid until revoked or changed by written communication.

_____ _____

SIGNATURE OF PATIENT (OR RESPONSIBLE PARTY, IF MINOR) **DATE**