



Great Lakes Chiropractic

116 Central Ave East St. Michael, MN 55376

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RECORDS RELEASE

I authorize the release of my records/x-rays or copies of such to the office of GREAT LAKES CHIROPRACTIC, 116 Central Ave E, St. Michael, MN 55376.

This records release is valid for one year from the date of my signature.

PRINTED NAME OF PATIENT: _____

NAME OF PARENT OR GUARDIAN: _____

PATIENT SIGNATURE: _____ DATE: _____

PATIENT SS#: _____ PATIENT DATE OF BIRTH: _____

Records to be released from: _____