



Great Lakes Chiropractic of St. Michael

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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 of St. Michael, 116 Central Ave E, St. Michael, MN 55376.

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

DATE

OFFICE/CLINIC/DOCTOR RECORDS TO BE RELEASED FROM

PRINTED NAME OF PATIENT

NAME OF PARENT OR GUARDIAN

PATIENT SIGNATURE (OR PARENT/GUARDIAN, IF MINOR)

PATIENT SOCIAL SECURITY NUMBER

PATIENT DATE OF BIRTH