WEST END CHIROPRACTIC
& REHAB CENTER

WEST END CHIROPRACTIC & REHABILITATION
4255 Laclede Ave.
St. Louis, MO 63108
Telephone: (314) 361-4650
Fax: (314) 361-4663

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PATIENT INFORMATION (Please Print)
Name: _____ Date of Birth: _____

Claim Number:_____
Insurance ID Number: _____
Address: _____
City: _____ St. _____Zip Code: _____
Phone: _____

Release my Medical Records from:_____

To:
Name: _____
Address: _____
City: _____ ST._____ Zip Code: _____

Please send medical records no later than: _____
Please release a copy of all medical records, including but not limited to, progress notes, operative notes, laboratory results and diagnostics tests.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS

Patient: _____ Date: _____