



Authorization For Release of Records

Date:

Brien Chiropractic Clinic
12501 Highway 90
Luling, La 70070

Phone #: 1-985-331-8007
Fax #: 1-985-331-8003

To:

Patient:
Date of Birth:
Social Security #:

Our clinic is requesting all medical records on your patient, who is now receiving chiropractic care. We are thanking you in advance for your cooperation in this matter.

Please include the following:

Medical Records CT Scan Reports
 X-ray Reports Lab Reports
 MRI Reports Other

Brien Chiropractic Clinic

Patient
Signature: _____ Date: _____