

GREATER ROCHESTER  
*family & sports*  
CHIROPRACTIC

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## REQUEST FOR HEALTH RECORDS

\_\_\_ I give Greater Rochester *family & sports* Chiropractic permission to obtain any or all health records/x-rays from:

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\_\_\_ I give Greater Rochester *family & sports* Chiropractic permission to release any or all health records/x-rays to:

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In regard to the following patient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_