Burkhart & Chapp Chiropractic
7101 Broadmoor Ave. SE
Caledonia, MI 49316
Phone: 616-698-0046
Fax: 616-698-2188

Authorization to Release Medical Records

Patient Name:____ Date of Birth:_______________

Address:____ City:________________ State:______ Zip:___________

Release:

I authorize Burkhart and Chapp Chiropractic to release my personal health care information to:

Name:____ Dr.____

Address:____ City:________________ State:______ Zip:___________

Telephone Number:__________________________________ Fax Number:________________________________

____ X-rays (physical)* ____ X-rays (digital) ___ X-ray Report ___ Medical Records

*** If you are taking physical x-rays you are responsible for returning them within 30 days from the release date***

Return Date:____________ Patient Initials:________ Witness Initials:______

Request:

I, ______________________ authorize

Name:____ Dr. ____

Address:____ City:________________ State:______ Zip:___________

Telephone Number:______________________________________ Fax Number:___________________________

To release my private health information to: **Burkhart and Chapp Chiropractic**
7101 Broadmoor Ave. SE
Caledonia, MI 49316

Date of record if known:_________

___ MRI ___ X-ray ___ Report of Findings ___ Medical Records Other:________________

Patient Signature:____ **Date**:_____________________