

Anthony Trombly, D.C  
2230 W. Main St  
Lowell, MI 49331  
(616) 987-4445

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**Request for Release of X-rays &/or Medical Records**

I, \_\_\_\_\_ request the release of my  
 X-rays only       All Medical records only       X-rays and All Medical Records  
from \_\_\_\_\_ to Anthony Trombly,  
D.C. at Trombly Chiropractic.

Please send to:

**Trombly Chiropractic  
Anthony Trombly, D.C  
2230 W. Main St.  
Lowell, MI 49331  
(616) 987-4445**

\_\_\_\_\_  
(Patient or Guardian Signature)

\_\_\_\_\_  
(Date)