

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

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

I, _____, being a patient of Dr. Anthony Trombly, request the release of my confidential information from Trombly Chiropractic. I understand that this authorization will pertain only to the party or parties specified here:

Self Social Security Administration Employer Insurance Company
 Other(Please Specify) _____

I request,

X-rays only All Medical records only X-rays and All Medical Records
 Other _____

(Patient or Guardian Signature)

(Date)

Relation to Patient: _____