A Chiropractic Tradition
Drs. Edwin Roberts

X-RAY/MEDICAL RECORDS INFORMATION RELEASE

DATE: _____

TO: _____

_____

I hereby authorize you to release my records to:

A Chiropractic Tradition
Phone: 850-912-4155
FAX: 850-607-6483
4469 Mobile Hwy, Suite D
Pensacola, Florida 32506

_____ X-rays _____

_____ Any and all x-ray reports, MRI reports, CT Scans and Bone Density Reports for the last 5 years

_____ Diagnostic Reports _____

_____ All records _____

_____ _____
Witness Signature of Patient

Date of Birth _____ _____
Print Patient Name