



Hemmett Family Chiropractic & Massage



Release of Medical Records

I _____ DOB _____
hereby grant permission to disclose and/ or release all information and records regarding
my treatment, including:

- consult notes
- diagnostic reports
- radiology reports

to Hemmett Family Chiropractic and Massage.

Requested from _____

Date _____

Signature _____

Witness _____

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