

General Release of Information

Elbert Chiropractic
622 Burnett Ave
Ames, IA 50010
515-232-9075

I, _____ authorize the
Elbert Chiropractic Clinic to discuss my personal account and care with the
following person(s).

Name: _____

Address: _____

Phone #: _____

(Patient or Legal Representative)

(Witness)

(Date)

Medical Referral Release

Elbert Chiropractic
622 Burnett Ave
Ames, IA 50010
515-232-9075

I, _____ authorize the
Elbert Chiropractic Clinic to furnish to my personal physician:

Doctors Name: _____

Address: _____

Phone #: _____

Any and all medical information you may
have concerning my treatment in this office.

(Patient or Legal Representative)

(Witness)

(Date)