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EIN: 26-3480486

General Release & Release of X-Ray Films

Patient Name: _____

Patient DOB: _____

authorizes Valente Chiropractic PLLC to release medical records and x-ray films

from the time period of _____ - _____ or any and all

to

Patient or Guardian Signature: _____

Signature Date: _____

This authorization is valid for one year or until revoked by written request.