



3017 E. Francis Ave. STE 101
Spokane, WA 99208

P: (509) 467-7991

F: (509) 467-4834

EIN: 26-3480486

General Release & Release of X-Ray Films

Patient Name: _____

Patient DOB: _____

authorizes _____

to release medical records and x-ray films of

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

to

Valente Chiropractic PLLC
3017 E. Francis Ave. STE 101
Spokane, WA 99208
Fax: (509) 467-4834

Patient or Guardian Signature: _____

Signature Date: _____

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