



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: _____

| TO VALENTE CHIROPRACTIC | FROM VALENTE CHIROPRACTIC |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I authorize _____ (Name of Clinic or Hospital)</p> <p>to release my <input type="checkbox"/> medical records <input type="checkbox"/> x-ray films</p> <p>from the time period of ____ / ____ / ____ - ____ / ____ / ____ or <input type="checkbox"/> any and all</p> <p>to</p> <p>Valente Chiropractic PLLC 3017 E. Francis Ave. STE 101 Spokane, WA 99208 Fax: (509) 467-4834</p> | <p>I authorize Valente Chiropractic PLLC</p> <p>to release my <input type="checkbox"/> medical records <input type="checkbox"/> x-ray films</p> <p>from the time period of ____ / ____ / ____ - ____ / ____ / ____ or <input type="checkbox"/> any and all</p> <p>to:</p> <p>_____ (Name of Clinic/Hospital/Attorney/Other)</p> <p>Address: _____ _____ _____</p> <p>PH: _____ FX: _____</p> |

Patient or Guardian Signature: _____

Signature Date: _____

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