



## Release of Records Request

### Confidential Health Care Information Enclosed

Patients Legal Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Release of:**

Entire Chart                      Chart since/pertaining to:

All lab work only              Lab work since:

Other:

**Release of records to:**

**Release of records from:**

Neal Craig, DC

Craig Total Health Chiropractic

516 SE Morrison Street

Portland, OR 97214

phone: (503) 232-3139

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to minor patient: \_\_\_\_\_

If there are any questions, please feel free to contact us at (503) 232-3139

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