

River Ridge Chiropractic

1201 Bleachery Blvd, Ste 203

Asheville, NC 28803

828-274-6602

MEDICAL RECORDS RELEASE FORM

RE: PATIENT _____

SS# _____

DOB: _____

This is to authorize Dr. Bart Hodgins, DC and/or Dr. Brett Comeau to release any and all medical information or opinion, which may be requested by any other doctor regarding my physical condition and treatment rendered. This would include any x-rays or records which Dr. Hodgins and/or Dr. Comeau may have regarding my condition or treatment.

Patient Signature

Date