

Care Chiropractic, Inc.  
1503 Graham Avenue  
Henderson, NC 27536  
Phone (252) 438-2273  
Fax (252) 738-0001

## RECORDS REQUEST

I, \_\_\_\_\_, request the release of the following  
(Patient's Name)

from \_\_\_\_\_.  
(Name of facility)

- X-ray report
- X-ray disk or films (mailed to our office)
- MRI report
- Medical records

Please send to:

Care Chiropractic, Inc  
1503 Graham Avenue  
Henderson, NC 27536

\_\_\_\_\_  
(Patient's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Patient's SSN)

\_\_\_\_\_  
(Patient's date of birth)