

Cedar Chiropractic

77 West Main Street, Suite 205 - Hopkinton, MA 01748
p. (508)435-8182 f. (508) 435-8183

Procedure Request and Medical Records Release

DATE: _____

TO: _____

RE: _____

CLINICAL INFORMATION: _____

PROCEDURE REQUESTED:

_____ X-Ray with report:

- _____ Standing Cervical (AP/Lateral/APOM/Flexion/Extension/Obliques)
- _____ Standing Thoracic (AP/Lateral)
- _____ Standing Lumbar (AP/Lateral/Obliques/Flexion/Extension)
- _____ Other _____

_____ MRI/CT/PET scan:

_____ Consultation, Exam and Report:

- _____ Orthopedic
- _____ Neurological
- _____ Physical Therapy

_____ Other:

AUTHORIZATION FOR RELEASE OF RECORDS TO CEDAR CHIROPRACTIC

I hereby authorize and request: _____

Copies of my:

- _____ Diagnostic imaging/reports
- _____ Medical records
- _____ Other _____

To be sent to:

Cedar Chiropractic

Dr. Jennifer Belesi

77 West Main Street, Suite 205 - Hopkinton, MA 01748
p. (508)435-8182 f. (508) 435-8183

Patient's Name: _____ Date of Birth: _____

Patient's Signature: _____ Relationship: _____

Witness: _____ Date: _____