# Freeport Family Chiropractic Clinic, LLC

40 Washington Street Freeport, FL 32439

Phone (850) 835-9867 Fax (850) 880-6089

# AUTHORIZATION FOR RELEASE/REQUEST OF MEDICAL INFORMATION

To Whom It May Concern:

I hereby authorize the office of Jennifer L. Laird, D.C./ Freeport Family Chiropractic Clinic to request any medical records, x-rays, MRI reports, CT scans, emergency room reports, physician’s reports, police reports, and/or other pertinent information pertaining to my case as necessary. I also hereby authorize the office of Jennifer L. Laird, D.C./ Freeport Family Chiropractic Clinic to release or furnish to any requesting hospital, physician, medical attendant, insurance company, or attorney, any and all medical information, including x-rays, pertaining to my case.

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Date of Birth Social Security Number

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Print Patient Name Relationship to Patient

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Patient/Parent/ Guardian Signature Date