

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Prodigy Chiro-Care and Spinal Rehab
Dr. Carlos Rodriguez D.C.
1511 4th Street, Santa Monica, CA 90401
(310) 899-1166

I, _____ request the following information:
(PATIENTS NAME)

X-rays History Records Diagnosis Treatment Billings

Concerning my: Accident Injury Illness Other _____

To be released to: _____
(NAME OF INSURANCE CO, ATTORNEY, DOCTOR, HOSPITAL, EMPLOYER)

Address: _____

For the purpose of: _____
(SPECIFY)

Signed: _____ Date: _____