

**Shaar Chiropractic & Neurology, P.C.**

at Wells Fargo Bank Building  
10288 W. Chatfield Ave., Suite 305  
Littleton, Colorado 80127  
303.980.3009 ~ Fax 303.980.4114

**Authorization For Release Of Medical Records**

I hereby authorize: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

please furnish to Shaar Chiropractic & Neurology medical records including:

- X-ray reports and/or films
- MRI reports and/or films
- laboratory records
- consultation records
- medical evaluations
- treatment records

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*Confidentiality Notice\*\*\***

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