Pine Tree Chiropractic PC
2515 Crosby Ave
Klamath Falls, OR 97603
541-883-2225
541-882-9388 Fax

Records Release Request

Patient Name_____ Date of Birth_____

Address_____

Release records from:_____

_____
Address City State Zip code

(_____)_____(____)_____
Phone Number Fax Number

_____ Chart Notes _____ X-ray Report _____ X-ray CD _____ Billing Ledger

_____ Other (please specify)_____

Release records to:_____

_____
Address City State Zip code

(_____)_____(____)_____
Phone Number Fax Number

I authorize Pine Tree Chiropractic PC to release the above information that I have requested to be sent within 30 days from receipt of the released signed date. I am aware there is a minimum $25.00 charge for obtaining the medical records and/or $5.00 charge for the Xray CD to be payable when complete. As a courtesy fee is waived when records are sent to other physicans.

I give permission to fax the information requested (with the exception of x-rays) by including my initials _____.

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

Revised 2016