



Hammer Chiropractic
AND REHABILITATION

840 Arthur Drive - Milton, WI 53563 - 1 608 866 4343 - 1 608 868 5181

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby
Authorize _____
(Doctor or Hospital)

Address: _____

City: _____ State: _____ Zip Code: _____

To release the following information from my health care records

- 1. Medical/Health file
- 2. Office Notes
- 3. Narrative Reports
- 4. X-rays
- 5. _____
- _____
- _____

and request they be released to:

Hammer Chiropractic, LLC
840 Arthur Drive
Milton, WI 53563

Or:
Dr./Attorney: _____

(Print Name of Patient) (Date of Birth)

(Patient Signature) (Date of Signature)