



**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)