



CRAIG S. PHILLIPS, D.C.
AMBER D. BUTLER, D.C.
WARREN R. CARR, D.C.

Authorization to Release Records to Phillips Family Chiropractic, P.C.

By completing the following form, you will be giving your approval for Phillips Family Chiropractic, P.C. to obtain health information needed in the continuation of your care.

- Please print the form and then complete the fields next to the "X" as indicated.
- It is OK if you do not know the exact date upon which you underwent your diagnostic study – the month and year or, in most cases, even just the year will be sufficient for the facility to retrieve your records.
- After completing the form, be sure that it is signed and dated.
- You can return the completed form by US Mail, dropping it off at our office or by scanning it and emailing it to rwhitmire@phillipsfamilychiro.com

Please feel free to call our office at 724-287-2837 if you have any questions at all.

