

Dr. Gerard C. Rosney - Dr. Joseph V. Rosney

Release of Records

Patient Name:	Date:	//	
Patient DOB:			
To whom it may concern,			
You hereby have my permission to release any pertaining to my care at your office/hospital.	and all records, inclu	ding radiograpl	ns, MRI, etc.
Please send this information to:			
TLC Chiropractic 208 Fayette Street Manlius, NY 13104 Tele: 315 - 682 - 0018 Fax: 315 - 682 - 0219			
Sincerely,			
Patient Signature			
Office sending records:			
Doctor / Hospital:			_
Address:			-
Phone:			-
Fax:			_