

# DANIELS CHIROPRACTIC OFFICE

33 BEDFORD ST. SUITE 10

LEXINGTON, MA 02420

781-676-0008 FAX 781-676-0014

Brian P. Daniels, DC NPI 1578505122

## AUTHORIZATION FOR RECORDS RELEASE

Date: \_\_\_ / \_\_\_ /20\_\_\_

To: Medical Records / Radiology \_\_\_\_\_

I hereby authorize the release of my medical records. Please send/fax them A.S.A.P. to the address / fax number below.

ITEMS BEING REQUESTED:

**X** \_\_\_\_\_

**Signature** (Signature of parent/legal guardian if under 18 years of age)

----- D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_\_

**Print Name**

Send / FAX Records to:

Brian Daniels, D.C.  
Daniels Chiropractic Office  
363 Massachusetts Avenue  
Lexington, MA 02420

Telephone (781) 676-0008

**FAX (781) 676-0014**