



# Crabtree Chiropractic Center

Dr. Zachary D. Scott      Dr. Thomas K. Andersen  
Dr. Chas B. Kubasko

Phone: (919) 781-8830



4517 Lead Mine Road Raleigh, NC 27612



Fax: (919) 781-1678

[www.crabtreechiropractic.com](http://www.crabtreechiropractic.com)

## REQUEST My Medical Records BE SENT

Patient FULL LEGAL Name (please print): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am requesting that Crabtree Chiropractic Center release my protected health information as specified below to:

Physician/Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Please indicate the specific documents that apply to your request:**

- X-rays
- Office Notes
- My record from Dates of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- My record in its entirety

**This request is being made for:**

- Processing Insurance Claims (Auto or Health)
- Second Opinion
- My personal record
- Other \_\_\_\_\_

By signing this form, I do hereby authorized Crabtree Chiropractic Center to release my private healthcare information as outlined above. I understand that there may be a cost for such information and that I will be informed of such charge and held accountable for the charge before any records will be released.

\_\_\_\_\_  
**Printed Full Legal Name**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**



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## Request Medical Records from another Provider

Patient FULL LEGAL Name (please print): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this form, I do hereby request that entity that appears below release my private healthcare information as detailed in this form to: **Crabtree Chiropractic Center PA 4517 Lead Mine Road Raleigh NC 27612**

Physician /Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

### Please release the specific documents checked below :

- X-rays
- Office Notes
- My record from Dates of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- My record in its entirety

### This request is being made for:

- Processing Insurance Claims (Auto or Health)
- Second Opinion
- My personal record
- Other

\_\_\_\_\_  
Printed Full Legal Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date