



Highland Park Wellness Chiropractic & Rehab, 5634 Dyer St, Dallas, TX 75206

Phone: 214-219-3900 / Fax: 214-219-1207

<http://www.highlandparkwellness.com>

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Instructions: Complete the information below and email a signed copy to:
highlandparkwellness.com@gmail.com. At this time, and in order to provide records in a timely manner,
an email address to send records to must be provided. You will be notified via email once records have
been sent.

I hereby authorize and request the release of my medical records to:

TO:

Doctor / Facility: _____

Address: _____

Email: _____

RE:

Patient Name (Printed): _____

Date of Birth: _____

This request pertains to records from:

Highland Park Wellness & Rehab of Texas
5634 Dyer St
Dallas, TX 75206
Phone (214) 219-3900
Email: highlandparkwellness.com@gmail.com

This request pertains to the following information:

- ☐ All Healthcare information, OR
- ☐ Healthcare information relating to the following treatment, condition, or dates:
_____, OR
- ☐ Other: _____

Signature: _____ Date: _____

For Parents / Legal Guardians:

Printed Name: _____ Relationship to Patient: _____