

Askeland

CHIROPRACTIC
ACUPUNCTURE P.C.



Dr. Erik J. Askeland, D.C.

Medical Records Request

Physician Name: _____

Physician FAX: _____

I hereby authorize the release of my records and x-rays, and request that they be transferred to:

Dr. Erik J. Askeland, D.C.
Askeland Chiropractic & Acupuncture
Phone: 919-841-0081
Fax: 919-841-0853

Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Date: _____