

General Release of Medical Records

I, _____ request that the following information be released to:

Totty Chiropractic of Mt. Juliet

541 N. Mt. Juliet Rd, Ste 2101

Mt. Juliet, TN 37122

Phone (615) 758-7101

Fax (615) 758-7102

From: _____

All Medical Records/ TX Notes/ MRI Report/ X-Ray Report/Other

Patient Name

DOB

SS#

Patient Signature

Date