



Chiropractic Neurology

70 New Ocean Street
Swampscott, MA 01907
T: 781.581.7300
F: 781-581-1190

10 Centennial Drive
Peabody, MA 01960
T: 978.826.7230
F: 978-826.1082

Mark Friedman DC, DACNB, FABDA, FACFN
Board Certified Chiropractic Neurologist
Fellow of the American Board of Disability Analysts
Fellow of the American College of Functional Neurology
Certified in Manipulation Under Anesthesia

Mark Mancinelli DC
Certified in Manipulation Under Anesthesia

MEDICAL RECORDS REQUEST

DATE:

To: _____

I, _____ hereby request that my complete medical records be released to:

I understand that this authorization allows the release of all information in my medical records to include lab test results, x-rays, and any surgery information. This authorization allows such records to be mailed or faxed. I understand that I may revoke this consent at any time. This consent will automatically expire without my expressed revocation 90 days from the date on this form.

PATIENT NAME: _____

PATIENT ADDRESS: _____

PATIENT'S DATE OF BIRTH: _____

PATIENT/GUARDIAN SIGNATURE: _____