To:

**Clouse Chiropractic Center**

**Fax: 843-899-7379**

**Phone: 843-899-7383**

**421 Barony Blvd, Suite 1 Moncks Corner SC 29461**

I hereby request and authorize you, your employees and agents to furnish to the person(s) listed below or anyone designated in writing by him/her/them, all records and reports, including X-rays and photostatic copies, abstracts or excerpts of all records and any other information he/she/they may request relating to any examination, treatment or opinion concerning any condition that I may have had in the past, now have, or may have in the future.

Or specifically

Imaging Report, Examination,

Please forward the reports and information requested to:

**Moncks Corner Chiropractic**

**Dr. Nicholas McCoy**

**Fax: 843-695-7932**

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_