



VERNE CHIROPRACTIC CLINIC, PA
Michael H. Verne, D.C., CSCS
467 Lake Howell Road Suite 204
Maitland, FL 32751
Office (407) 657-2225 Fax (407) 657-2220

Release for Medical Information

I, _____ authorize any physician, hospital and all medical facilities to furnish all medical records, X-ray films and all other information pertaining to the patient to be released to Verne Chiropractic Clinic, PA at 467 Lake Howell Road Suite 204, Maitland FL 32751.

FLORIDA STATUTES Chapter 458, Medical Practice Act, Section 458.16 "Any doctor or other practitioner of any of the healing sciences making physical or mental examination of, or administering treatment to any person, shall upon request of such person, his guardian, curator or personal representative, except upon written authorization of the patient, provided, however, that nothing herein shall prevent the furnishings of such reports without such written authorization, to any person, firm or corporation who with the patient's consent shall have procured of furnished such examination is made pursuant to sec. 768.09, or court rule copies of the medical report shall be furnished both the defendant and the plaintiff."

_____	____/____/____
Print Patient Name	Date of Birth
_____	____/____/____
Patient Signature	Today's Date

Where are records being released from?

Name of Facility: _____

Name of Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____ Fax # () _____