



CHIROPRACTIC | ACUPUNCTURE | NUTRITION

Wilmington NC

☒ MEDICAL RECORDS REQUEST

Simple Well Being, LLC
203 Racine Dr, Suite 200 • Wilmington, NC 28403
Phone: (910) 994-2344 • www.SimpleWell-Being.com

Patient Name: _____
Date of Birth: _____
Phone Number: _____

Patient Acknowledgement & Signature:

- ☐ Treatment plans and daily notes.
- ☐ Medical intake, examination and history
- ☐ Imaging reports and copies of images

Please release a copy of these records in a timely manner to:

SIMPLE WELL BEING, LLC
203 RACINE RD, SUITE 200
WILMINGTON, NC 28403

FAX: 910-500-0977

Patient Signature: _____
Date: _____


If signed by a personal representative (e.g., parent, guardian, power of attorney):

Name of Representative: _____
Relationship to Patient: _____
Signature of Representative: _____
Date: _____

Office Use Only


If patient/personal representative refuses to sign this acknowledgment:

- ☐ Patient/representative refused to sign

 203 Racine Rd - St 200
Wilmington, NC 28403

 SimpleWellBeingNC@gmail.com

 www.SimpleWell-Being.com

 910-994-2344