



**234 Lower Heidelberg Rd
East Ivanhoe, VIC 3079
Ph: 03 9499 7005
Fax: 03 9499 7006
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INFORMATION RELEASE FORM

Attn:
Of

Fax:

I, give consent
to you to release my patient history, x-rays and past adjustment history to Vital Spines.

Please forward them as soon as possible to the address or fax number above, so I may
initiate care.

MY DETAILS ARE AS FOLLOWS;

Name:

Address:
.....
.....

Telephone #

Date of Birth:

Signature: