



# CROSSROADS CHIROPRACTIC

Adult Health and Pediatric Development  
Now with three convenient locations  
Pembroke \* Meredith \* Epping  
www.CrossroadsChiropractic.com

## AUTHORIZATION FOR RELEASE OF RECORDS

\_\_\_\_\_  
Patient's full name(please print)

\_\_\_\_\_  
Date of Birth

I hereby authorize \_\_\_\_\_

Doctor or Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

to release information to:

- Crossroads Chiropractic  
Stephanie A.F. Mills, DC  
556 Pembroke Street  
Pembroke, NH 03275  
Phone/Fax: 603.224.4281
- Crossroads Chiropractic 125  
David A. Medina, DC  
629 Calef Highway, Suite 103  
Epping, NH 03042  
Phone/Fax: 603.679.3222
- Crossroads Chiropractic Lakeside  
Graham D. Moneysmith, DC  
3 Annalee Place  
Meredith, NH 03053  
Phone/Fax: 603.677-1444

Please send any and all health records in your possession, including x-rays to the above address.

\_\_\_\_\_  
Signature of patient or legal representative/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authority or relationship of representative

**For office use only**

Date received: \_\_\_\_\_  
Request completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_  
Delivery method:  In person  Mail  Other: \_\_\_\_\_