



CROSSROADS CHIROPRACTIC

Adult Health and Pediatric Development
Pembroke | Meredith | Epping | Bedford
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. Ryan, 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 Bedford
Brooke A. Mills, DC / John Schuessler, DC
Village Shoppes Route 101
Bedford, NH 03110
Phone: (603)575-9080

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: _____