



# CROSSROADS C H I R O P R A C T I C

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. Schuessler, 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: \_\_\_\_\_