



# 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:

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

to release x-rays taken of me to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

I understand that these x-rays are film originals; they are part of official medical records which belong to Crossroads Chiropractic. I accept responsibility for their care and prompt return.

I am requesting a CD of my x-rays. The fee for this is \$10.

\_\_\_\_\_  
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: \_\_\_\_\_