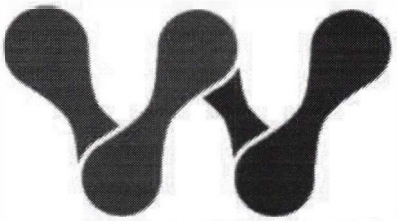

WALKER CHIROPRACTIC

"We move the bone, God does the healing"

Dr. Chris Walker

104 Woodland Road, Augusta, GA 30907 Phone: 706-504-3511 Fax:706-755-2978

AUTHORIZATION TO RELEASE INFORMATION

Patient's Name:_____Date of Birth:_____

Previous Name:_____ Social Security: _____

I request and authorize _____
to release healthcare information of the patient named above to:

Name: _____

Address:_____

City:_____ State:_____ Zip Code:_____

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

☐ All Healthcare information

☐ Other: _____

Patient Signature:_____ Date:_____

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER IT IS SIGNED