INNOVATIVE Health
Chiropractic • Laser Therapy
Functional Medicine

2114 Schofield Ave. • Weston, WI 54476
715 **355-4224** • FAX: 715 355-4120
InnovativeHealthClinic.com

PATIENT REQUEST FOR RECORDS and AUTHORIZED RELEASE

Date of Request: _____

Patient Name: _____

Phone: _____ Date of Birth:_____

Address: _____

City: _____ State: _____ Zip: _____

☐ **Send records to** ☐ **Request records from** *(choose one)*

Doctor/Medical Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Records: _____

Items Requested:

☐ X-ray report	☐ MRI report	☐ CT Scan report
☐ X-rays on CD (or film copy)	☐ MRI on CD	☐ CT Scan on CD
☐ Daily chart notes	☐ Other_____	

☐ **Send records to** ☐ **Request records from** *(choose one)*

Innovative Health
Attn: Medical Records
2114 Schofield Avenue
Weston, WI 54476

Phone: 715-355-4224
Fax: 715-355-4120

By signing this form, I hereby authorize the release and transfer of my medical records and diagnostics, or copies of such.

Patient Signature: X_____ **Date:** _____