KERNERSVILLE CHIROPRACTIC & ACUPUNCTURE CENTER

DARIAN L. SMITH, D.C., M.S.
DARIAN J. SMITH, D.C., B.S.

(336) 996-2462 Telephone
(336) 996-9878 Fax
127 North Main Street
Kernersville, NC 27284
**Mailing: P O Box 707
Kernersville, NC 27285

MEDICAL RECORDS REQUEST AUTHORIZATION

□ Medical Records _____
Date of records

□Radiology Report / MRI Report / Other _____
Date of imaging

Patient Information:

NAME: _____

ADDRESS: _____

_____

DATE OF BIRTH: _____

Facility Information:

NAME: _____

DOCTOR: _____

PHONE #: _____

FAX #: _____

ADDRESS: _____

_____

I authorize the above named office to release the specified medical records to Kernersville Chiropractic & Acupuncture Center.

_____

Signature Today's Date