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AUTHORIZATION FOR RELEASE OF X-RAYS

General Release & Release of X-Rays KNOW ALL MEN BY THESE PRESENTS: That I have requested the release of the X-Rays of:

Which are parts of the records of:

_____ D.C.

I hereby acknowledge receipt of these X-Rays. In consideration of the foregoing, I hereby release and forever discharge the aforesaid Doctor of Chiropractic from any and all responsibility or liability of any kind, nature, or character whatsoever arising from said treatment.

By signing this authorization, I am requesting that a copy of my protected health information be disclosed:

Witness

Date

Patient

Date