

Advanced Relief Chiropractic & Acupuncture  
405 West Oak St.  
Denton, TX 76201  
940-484-8894

**PATIENT REQUEST FOR MEDICAL RECORDS**

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of my \_\_\_\_\_ or copies of  
such and request that they are faxed to:

Advanced Relief Chiropractic & Acupuncture  
Dr. Randee Poortvliet  
Fax: 940-484-1389

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Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Records Requested: \_\_\_\_\_ to \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_