Amery Chiropractic LLC
480 Keller Ave S
Amery WI 54001
P: 715-268-9146
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Dr. Jennifer Waidelich
Dr. Cory Gosso
Dr. Kelsey Faschingbauer

Records Request

Patient Information: (Person you're looking for information on)

Name:_____

Date of Birth:_____/_____/_____ Telephone #:_____-_____-_____

Provider Information: (Facility you are looking to get information from)

Facility Name: _____

Fax Number: _____-_____-_____

Requested By: (Person requesting information)

Facility Name: Amery Chiropractic LLC

Sender's Name: _____

Information Requested: (information we are looking to get, check all that apply)

☐ Clinic Notes ☐ X-Ray Report ☐ MRI Report ☐ CT Report

☐ Lab Results ☐ X-Ray CD ☐ Other_____

Part of body Records are on:_____

Reason for Request: (Why are we requesting the information?)

☐ Medical Treatment ☐ Insurance ☐ Legal/Attorney

- I Authorize the Provider to release my medical records to Amery Chiropractic LLC.
- I understand that this release will allow Amery Chiropractic to have access to my medical records from the Provider above

Signature of Patient: _____ Date: _____

Or

Signature of: ☐ Parent ☐ Legal Guardian ☐ Authorized Representative

Signature: _____ Date: _____