Amery Chiropractic LLC
480 Keller Ave S
Amery WI 54001
P: 715-268-9146
F: 715-268-6907
Dr. Cory Gosso
Dr. Kelsey Faschingbauer
Dr. Kayla Faschingbauer

Records Request

Patient Information: (Your information)

Name:_____

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

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

Facility Name: _____

Fax Number: ____-____-____

Requested to send by: (How Amery Chiropractic will receive the information)

☐ Fax to 715-268-6907

☐ Mail to 408 Keller Ave. S
Amery, WI 54001

☐ I will pick up my information personally from your facility.

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: _____