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AUTHORIZATION TO DISCUSS/RELEASE MEDICAL INFORMATION

TO:

RE:

Claim/Case#:

I hereby give authorization to Prolific Chiropractic, P.C. and associates to discuss my medical condition, X-rays, history, records, and billing. Please work with Prolific Chiropractic, P.C. and associates accordingly.

Please send the following information:

- € **X-rays**
- € **History**
- € **Diagnosis**
- € **Treatment**

Signed: _____

Date: _____

**If patient is a minor
Parent/Guardian Signature:** _____