



Back In Balance
REDMOND

PATIENT RECORDS RELEASE FORM

I, _____, hereby authorize and request the release of:
(Please Print)

Date of Birth (Month, Day, Year)

____ Patient Records

____ X-Rays and Listing

To: Address and Phone: Back In Balance Redmond
 2761 152nd Ave NE
 Redmond, WA 98052
 (425) 437-9974
 (425) 437-9964 (fax)
 info@BackInBalanceRedmond.com

Patient's Signature: _____ Date: _____