

RECORDS TRANSFER REQUEST

TO

DATE (DD/MM/YY)

ADDRESS

CITY

PROVINCE

POSTAL CODE

I hereby authorize the release of my clinic file notes, all X-ray or diagnostic reports and or copies of such and request that they be transferred to:

- Lindsey Crook, D.C
- Janine Johnson, D.C.

Foundation Chiropractic

#60-3211 Preston Avenue, Saskatoon SK S7T 1C9
(306) 955 8808 f 955 8809

PRINT NAME

SIGNATURE

DATE OF BIRTH