

## **Authorization To Release Medical Information**

To Provider	
Name	_ Date of Birth
Patient/Guardian Signature	Date
Witness	
Release To	
Cook Chiropractic	
2045 Scott Blvd.	
Temple, TX 76504	
Phone: 254.778.6100 Fax: 254.778.6120	
X-RaysRecords	Treatments
MRI Films CT Scans	s History

We truly appreciate your prompt attention to this request.