



Physician Contact Information & Medical Records Release

Maximized Health Chiropractic will contact the health care professionals listed below in an effort to establish an inter-professional communication system. If you have a physician or therapist that you think would be open to our intentions, please provide that information to us. This form should be returned to the front desk at your earliest convenience. Thank you for your help!

Please provide us with your PCP's information:

Doctor's Name: _____

Office/ Clinic Name: _____

Address: _____

Clinic Phone Number: _____

Doctor's E-mail: _____

Specialty or scope of practice: _____

Please provide us with your referring doctor's or specialist's information:

Doctor's Name: _____

Office/ Clinic Name: _____

Address: _____

Clinic Phone Number: _____

Doctor's E-mail: _____

Specialty or scope of practice: _____

- By checking this box, I hereby authorize the doctor to release all medical information necessary to update my medical file with the above referenced doctors and specialist.

Patient Signature

Printed Patient Name

Date