

Gregory P. Brennan, D.C.
1680 Cooper Foster Park Rd.
Lorain, OH 44053
P: 440-282-1920
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Request for medical information

To:

Patient:

Date of birth:

Date of treatment:

You are hereby authorized to release to Gregory P. Brennan, DC the following medical information:

_____ All medical records

_____ The loan of imaging films: _____ x-ray, _____ MRI, _____ CT, _____ all

_____ Copies of the imaging reports

Patient signature:

Date:

Thank you.