

Authorization to Release Medical Information

To: _____

Address: _____

I, _____ request the following information:

- X-rays History Records Diagnosis Treatment Reports
 Billings Accident Injury Illness Other _____

To be released to:

Seabright Spine & Sport
Chiropractic | Physical Therapy | Wellness

Karen K. Roitz, DC, CCSP ♦ Tammara J. Moore, DPT, OCS ♦ Maya Dawson, PT, ART
1510 Seabright Avenue, Santa Cruz, CA 95062 ♦ 831.425.3588

For the purpose of: _____

According to Section 123.110 of The California Health & Safety Code,
these records/films must be provided within 15 days of your receipt of this notice.

Signed: _____ Date: _____

- Patient Spouse Parent Guardian