Medical Records Release

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TO ALL PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS:

You are authorized to provide McKinnon Chiropractic with information concerning examination, diagnosis, treatment, health care, advice or supplies provided the patient. This information will be used for communication between attending physicians/health care providers.

This authorization is valid for as long as I am a patient at McKinnon Chiropractic. I know that I have a right to receive a copy of this authorization upon request and agree that a photocopy of this authorization is as valid as the original.

Date:	Patient's Signature:
	(or Authorized Person's)