



**ADAMS  
CHIROPRACTIC INC. P.S.**

## **Patient Request for Records & X-rays**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of my records and x-rays, and request that they be transferred to:

Adams Chiropractic INC P.S.  
Dr. Kurt M Adams  
3561 NW Anderson Hill Road • Silverdale WA 98383  
(360) 692-4264 • (360) 692-4277 fax  
drkurtadams.com

**PRINT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- Will pick up and hand carry record
- Please fax records to 360.692.4277
- Please mail records

**This release will expire in 1 year from the date of signature. If you have any questions regarding this request, please call our office.**

Adams Chiropractic INC P.S.  
3561 NW Anderson Hill RD Silverdale WA 98383 (360) 692-4264. Fax (360) 692-4277  
[www.drkurtadams.com](http://www.drkurtadams.com) [dr.kurt@hotmail.com](mailto:dr.kurt@hotmail.com)