

Keystone Chiropractic

Medical Release

I, _____ authorize the release of my medical records to Dr. Jinnifer Stephan, of Keystone Chiropractic. Furthermore, I authorize Keystone Chiropractic to release my medical records to the facility / doctor listed below.

Patient Signature

Date

Facility

Facility

Keystone Chiropractic
330-A S. Lawrence Blvd.
Keystone Heights, FL 32656

352-473-9777 (phone)

352-478-8199 (fax)