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***Calzaretto Chiropractic Center***

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Anthony F. Calzaretto D.C.  
Brian D. Ryan D.C.

**Record Release**

<i>Date Out</i>	<i>Records Released</i>	<i>Signature Out</i>	<i>Staff Initials</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<i>Date In</i>	<i>Records Returned</i>	<i>Signature In</i>	<i>Staff Initials</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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***Important Notice***

As, requested, we are lending you records/films as a courtesy for the benefits of this patient.

Patient signature provided to give permission to this office to obtain any patient information, diagnostic evaluations, and/or follow up reports.

*Patient Signature:* \_\_\_\_\_