



GREAT LAKES CHIROPRACTIC

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RECORDS RELEASE

I authorize the release of my records/x-rays or copies of such to the office of
GREAT LAKES CHIROPRACTIC, 13601 80th Circle N Suite 210, Maple Grove, MN 55369.

This records release is valid for one year from the date of my signature.

PRINTED NAME OF PATIENT: _____

NAME OF PARENT OR GUARDIAN: _____

PATIENT SIGNATURE: _____ DATE: _____

PATIENT SS#: _____ PATIENT DATE OF BIRTH: _____