

Chiropractic Children's Healthcare

9 Lower Plenty Road, Rosanna – 9457 6543
5/603 Boronia Road, Wantina – 9870 6644



Record Release Authority

I, *(Parent/Guardian name)*.....,

Of *(Address)*.....,

Hereby direct and authorise Chiropractic Children's Healthcare to supply

To *(Name and address of Practitioner)*.....

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A copy of Clinical Records for *(Name and Surname)*

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Signed

Dated