

Chiropractic Radiology Consultants  
William W. Atherton, DC, DACBR  
Deborah D. Brahee, DC, DACBR  
795 NE 127th St.  
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305-895-6408 Office  
305-895-6456 Fax

Radiology Consulting  
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Beaverton, OR 97006  
503-380-5333 Office  
503-430-2434 Fax

[www.xraydoctors.com](http://www.xraydoctors.com)

## Authorization for Release of Records

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize and request you to release records to:

Chiropractic Radiology Consultants  
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Health Records

X-rays and/or imaging, including radiology reports, of the following area(s):

Laboratory results

Other \_\_\_\_\_

Exceptions - please check information to be released

Drug and alcohol information

AIDS and HIV information

Mental Health information

Other \_\_\_\_\_

**NOTE:** In order to relinquish information regarding chemical dependency problem or treatment, AIDS or HIV information, the release form must specifically indicate that information of this nature may be disclosed. I understand I may revoke this consent at any time and that upon fulfillment of the above stated purpose or six months from this date, whichever comes first, this consent will automatically expire without my express revocation.

**DO NOT forward requested information to another person or agency without my explicit consent.**

For: \_\_\_\_\_  
Patient (first, middle, last) Name Birthdate

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

Requesting Doctor: \_\_\_\_\_

Date: \_\_\_\_\_