



Silverado Chiropractic
9775 S. Maryland Parkway, Suite A
Las Vegas, NV 89183
Phone: 702.837.0392
Fax: 702.320.4148

RECORDS RELEASE

To _____,
I hereby authorize you to release Silverado Chiropractic/ Daniel Schultz, D.C. any
information including the diagnosis and records of treatment or examination rendered to
me for care. Please mail the following as marked.

- _____ Copy of medical records
_____ Copy of medical records and original X-ray films
_____ Original X-ray films

PLEASE MAIL ALL REQUESTED INFORMATION TO:

Silverado Chiropractic
9775 S. Maryland Pkwy, Suite A
Las Vegas, NV 89183
702.837.0392

Patient name: _____
Last name, First name

DOB: _____

Date

Patient Signature

Date

Staff Signature