



Kyle Corbin, DC, PA DBA Merolla Chiropractic
664 Taunton Ave
Seekonk, MA 02771
(508) 336-4114 F (508) 557-0261

Medical Records Release Authorization

I hereby authorize and request you release a complete copy of my medical record(s) to:

Kyle Corbin, DC PA DBA Merolla Chiropractic
664 Taunton Ave. Seekonk, MA 02771

Name of Patient:

DOB:

Address of Patient:

Signature of Patient or Patient's designated Representative:

Print Name (if different from patient's):

Name, Address, Phone and Fax of Physician from whom you are requesting records:

This notice is effective as of ____/____/____. This authorization will expire 2 years after the date on which you last received services from us.
