

RELEASE OF RECORDS AUTHORIZATION FORM

| I | _, am authorizing the release of my |
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| records. I am aware there is no charge | for the transfer of my current x-rays, |
| although if requested, there is a fee fo | r the transfer of chart copies. |
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| Please forward x-rays to: | |
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| | |
| Ci ava atawa | |
| Signature: | |
| Date: | |