

OAK STREET CHIROPRACTIC CARE, LTD.

2 East Oak Street, Suite 1605

Chicago, IL 60611

oakstreetchiropractic.com

(312) 944-6269

**Request for Release of Medical Records to Dr. Ronald M. Reiss/Oak
Street Chiropractic Care, Ltd.**

Date: _____

Patient's Last Name

Patient's First Name

Patient's Date of Birth

Patient's I.D. (insurance or social security)

Name of Medical Facility or Doctor's Office Holding Records

Facility or Office Phone #

Facility or Office Fax #

Records Requested:

Attending Physician's Name

Patient's Authorization/Signature