

## Release of Records/X-rays

To Whom It May Concern:

Pursuant to Title 31, Chapter 33 of the Official

Code of Georgia, I \_\_\_\_\_  
(Patient's name) (Patient's DOB)

request that a copy of my medical records  
and/or

X-rays

being in the custody of Evans Chiropractic Health  
Center & Dr. William Rice be released and mailed

to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am responsible for any cost  
incurred in copying and mailing these records.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness