



General Release

Pathways Chiropractic Health Center of Prior Lake, 16154 Main Ave
SE, Prior Lake, MN 55372 Phone (952)447-3000 Fax (952)447-3561

Date: _____

I, _____, have requested the release of:

1 X-rays

1 Medical Records

that are a part of the office records of Pathways Chiropractic Health Center, relating to my case, and hereby acknowledge receipt of these films and medical records. In consideration of the foregoing, I hereby release and forever discharge the aforesaid Pathways Chiropractic Health Center from any and all liability of any kind, nature or character whatsoever from the beginning of the world to this day.

This transaction is consummated at my specific request. I also understand THAT THESE RECORDS BEING THE PROPERTY OF Pathways Chiropractic Health Center and having paid for only the interpretation of said x-rays provided therein, will therefore see to the return of these x-rays to above mention office within 30 days.

I am requesting that my x-rays/records be sent to: _____

Patient Signature

Date

Witness Signature

Date