

Brooks Clinic of Port, S.C.  
1032 S. Spring Street  
Port Washington, WI 53074  
(262) 284-0500

Phillip L. Brooks, D.C.  
Clinic Director

Jacob J. Chapman, D.C.  
Associate

**RECORDS RELEASE AUTHORIZATION**

I, \_\_\_\_\_, hereby request that \_\_\_\_\_  
(Patient's/Guardian name) (Doctor or Clinic)

provide to \_\_\_\_\_

\_\_\_\_\_ Report of diagnosis, treatment and prognosis  
\_\_\_\_\_ Report of Recommendations  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Report of X-rays  
\_\_\_\_\_ X-ray films  
\_\_\_\_\_ Report of MRI

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Witness \_\_\_\_\_

Date: \_\_\_\_\_

Patients Date of Birth: \_\_\_\_\_