

Frank Amato, DC, DABCO
Clinic Owner
Chiropractic Orthopedist, ART Certified

Rich Semel, DC, DACBSP
Chiropractic Sports Physician

Authorization To Release X-rays and Information

To: (Facility) _____

Address: _____

Phone #: _____

I, _____ Request the following information:

X-rays History Records Diagnosis Treatment Reports

Concerning my: Accident Injury Illness Other

To be released to: The Center for Orthopedic and Athletic Injuries
1200 Artesia Blvd. S-200
Hermosa Beach, CA 90254

For the purpose of : Review

I understand that I have the right to receive a copy of this authorization upon my request.

Patient's Signature
 Patient Spouse Parent Guardian

Date

Doctor's Signature