



1187 Old Hickory Blvd.  
Brentwood, TN 37027  
615-377-7770 phone  
615-377-0448 fax

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**Authorization for Release of X-rays and Records**

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Regarding Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**I hereby authorize and request you to release any and all medical records and X-Rays to:**

**Skye Chiropractic  
1187 Old Hickory Blvd  
Suite 300  
Brentwood, TN 37027  
Phone – 615-377-7770  
Fax – 615-377-0448**

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

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