



www.choicechiropractic.com.au

148 Wollombi Rd
Cessnock 2325
p|02 4990 8899
f|02 4990 8877

10/34 John St
Warners Bay 2282
p|02 4948 8915

PATIENT INFORMATION RELEASE FORM

NOTE: Form to be completed by parent or legal guardian of a patient under the legal age of consent.

I, (Print Name) _____ date of birth ___ / ___ / ___
give Choice Chiropractic team members permission to release or discuss
any of my chiropractic health care information kept on file at their practices
with (individual/s name) _____.

Signed _____ Date ___ / ___ / ___