STATE OF MISSOURI
BOARD OF CHIROPRACTIC EXAMINERS

AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

3605 MISSOURI BLVD.
P O BOX 672
JEFFERSON CITY MO 65102

I hereby authorize any chiropractic physician or chiropractic office personnel who has attended me, to furnish to the State Board of Chiropractic Examiners, or their representative, any and all information you may have with respect to any injury, condition, medical history, consultation, evaluation, treatment, diagnosis or prognosis that may be inquired upon, and copies of all records regarding health history and treatment rendered and medical and chiropractic records regarding the above.

I further authorize the release of the above information with reference to each of my children/wards named below.

A photocopy of this authorization shall be as effective as the original.

PATIENT'S SIGNATURE	DATE
▶	

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSER OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19	**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

IMPORTANT NOTICE

IF A NOTARY IS NOT AVAILABLE TO YOU, PLEASE HAVE THIS AUTHORIZATION WITNESSED.

WITNESS NAME (PRINT OR TYPE)	TELEPHONE NUMBER
WITNESS SIGNATURE ▶	DATE

ADDRESS

BOARD INVESTIGATION INFORMATION

BOARD INVESTIGATOR SIGNATURE ▶	DATE	WITNESS SIGNATURE ▶	DATE