Record Release Form

Farmer Chiropractic- Dr James D Farmer
2/98 Bazaar Street
Maryborough Q 4650
07 41217600 reception@farmerchiropractic.com.au

FARMER CHIROPRACTIC
Dr James D Farmer
Enjoy Your Life. Live Well

Form to be completed by parent or legal guardian if patient under age of legal consent

Adult's Name: _____

Child's Name: _____

Sex: _____ Email:_____

Date of Birth:_____

Address: _____

City _____ State _____ Postcode _____

I do hereby agree to the release of the following documents relating to myself.

or for_____as authorised guardian

- ☐ x-rays
- ☐ Clinical Records
- ☐ Other _____

_____ _____

Signature: Date: