



General Release

Stucky Chiropractic Center
2105 E Clairemont Avenue, Eau Claire, WI 54701
Phone (715) 835-9514 Fax (715) 835-2602

Date: _____

I, _____ have requested the release of:

- X-rays
- Medical Records

that are a part of the office records of Stucky Chiropractic Center, S.C., relating to my case, and hereby acknowledge receipt of these films and medical records. In consideration of the foregoing, I hereby release and forever discharge the aforesaid Stucky Chiropractic Center, S.C. from any and all liability of any kind, nature or character whatsoever from the beginning of the world to this day.

This transaction is consummated at my specific request. I also understand THAT THESE RECORDS BEING THE PROPERTY OF Stucky Chiropractic Center S.C., and having paid for only the interpretation of said x-rays provided therein, will therefore see to the return of these x-rays to above mention office within 30 days.

I am requesting that my x-rays/records be sent to:

Patient Signature

Date

Witness Signature

Date