

Company logo and basic contact details (phone, email website) go here

Contact CCAA if you need assistance

## Records Release Form

Patient Name: \_\_\_\_\_

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

Phone/ Email : \_\_\_\_\_

*I hereby authorize **BUSINESS NAME** to release my records/x-rays*

Release to:

Name: \_\_\_\_\_

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

Phone/ Email: \_\_\_\_\_

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

Patient Signature: \_\_\_\_\_

Date:

Witness Name & Signature: : \_\_\_\_\_

Date