



# RED CHUTE CHIROPRACTIC CLINIC

1114 Hwy 80E  
Haughton, LA 71037  
Telephone: (318) 949-0076  
Fax: (318) 949-0787

*Lundell McKittrick*

Email: [drmckittrick@redchutechiro.com](mailto:drmckittrick@redchutechiro.com)  
Website: [www.redchutechiro.com](http://www.redchutechiro.com)

## GENERAL RELEASE FOR MEDICAL RECORDS AND/OR X-RAYS

Date: \_\_\_\_\_

Dr. Lundell McKittrick, D.C.  
1114 Hwy 80  
Haughton, LA 71037

I hereby authorize the release of my medical records and/or x-rays or copies of such and request they are transferred to:

To: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Records From: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_