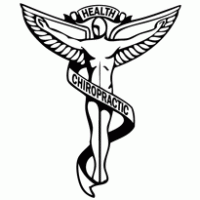
CAPITAL CHIROPRACTIC CENTER, P.C.

1732 Prospect Avenue / Helena, MT 59601 / Office: 406-449-7458 / Fax: 406-449-7496 / CapitalChiropracticCenter.com

To:

Regarding:

SSN:

Authority to Release Medical Information

This will authorize you to furnish and release to the Health Care Providers at Capital Chiropractic Center, P.C. (located at 1732 Prospect Ave., Helena, MT 59601), all information and records they request concerning the above named person. Please do not disclose information to any other persons without written authority from us. All prior authorizations are hereby canceled. Photocopies of this authorization are to be given the same effect as the original. This release shall be effective for a term of five (5) years.

Please forward: X-Rays / X-Ray Report / History / Examination / Treatment / Diagnosis.

Thank you for your cooperation.

Printed Name

Signature Date