

**Finucan Chiropractic  
32 Washington Ave  
Endicott NY 13760**

**RELEASE FORM FOR PATIENT RECORDS**

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

Physician: U-E Chiropractic, LLP

Please release copies of my patient records to: \_\_\_\_\_

*Dr Francine Finucan*

Patient Information:

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

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

\_\_\_\_\_

Date of birth: \_\_\_\_\_

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