



COMMUNICATIONS WITH YOUR MEDICAL DOCTOR

Many medical primary care doctors don't understand chiropractic and do not yet have a good working relationship with chiropractors. We want to create bridges with primary care physicians based on communications and trust by providing good clinical information. To do this we need your permission to keep your primary care physician informed about your treatment in this office.

RELEASE INFORMATION:

I hereby give permission to release records of my treatment with Dr. Matthew A. Schmid, D.C., at Chiropractic Partners, to my primary care physician for purposes of coordinating care.

Signature: _____ Date: _____

PATIENT NAME (Print): _____

Name of Primary Care Physician: _____

Clinic or Facility: _____

Address: _____

Phone: _____