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## Patient Birth Records Release

I, \_\_\_\_\_, Parent (or legal guardian) of the below mentioned child, hereby authorize and direct \_\_\_\_\_ to release the records relating to the birth of \_\_\_\_\_, to Alpine Wellness Chiropractic.

Date of Birth: \_\_\_\_\_

May this signed consent form be your good authority to do so.

**Patient Signature;** \_\_\_\_\_ **Date;** \_\_\_\_\_

**Witness:** \_\_\_\_\_

*Thank You!*