



The Elements of Health *...Natural & Functional Healthcare*

8711 East Pinnacle Peak, Suite F113 Scottsdale, Arizona, USA 85255
phone 480-563-4256 / fax 480-563-4269 / www.theelementsofhealth.com

Release Of Records

TO: _____

DOCTOR OR HOSPITAL

Street Address (include suite#)

City, State & Zip Code

Phone Number

Fax Number

I herby authorize and request you to release my medical records to:

Mark Force, DC
8711 E. Pinnacle Peak Road, Suite F113
Scottsdale, Arizona 85255
480/563-4256 Office
480/563-4269 Fax

Please include:

Lab Work (within ___year) _____ X-Ray Reports _____ MRI Reports _____

Summary Report _____ History & Physical _____

Patient Name _____ Date of Birth ___/___/___

Please Print

Signed by Patient _____
Or Guardian _____ Date _____

Date request expires _____