



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 Kadin Family Chiropractic & Wellness Center noted above.

Date of Birth: _____

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

Patient Signature; _____ **Date;** _____

Witness: _____

Thank You!