CALIBRATION
BRAIN & BODY

Medical Records Request Form

1. Complete this form in its entirety.
2. Email the completed form to: info@calibrationchiropractic.com
3. Include a clear copy of your valid government-issued photo ID.
4. Requests are typically processed as quickly as possible. Under Texas law, properly requested records are generally provided within 15 business days after receipt of a completed request.

Patient Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____

I am requesting:
☐ Complete Medical Record
☐ Records for Date(s): _____
☐ Imaging Reports
☐ Billing Records
☐ Other: _____

Purpose of Request (Optional): _____

Please send my records to:
Recipient/Facility: _____
Email: _____
Fax: _____

Delivery Method:
☐ Secure Email ☐ In-Person Pickup ☐ Fax

I understand that Calibration Brain + Body may require verification of my identity before releasing my medical records. I authorize the release of the records requested above in accordance with applicable federal and Texas law.

Signature: _____ Date: _____