



THE CHIROPRACTIC CENTER
OF LAS VEGAS

Dr. Kevin L. Kaldy
Chiropractic Physician | Palmer West Graduate
Certified Chiropractic Sports Physician
DrKaldy@LasVegasChiro.Com
702.212.3333 • Fax 702.212.3300
8821 W. Sahara Ave. Ste. #120 Las Vegas, NV 89117
www.LasVegasChiro.com

Release of Records Request

Date: _____

To: _____
Doctor or Hospital Name

Address City State Zip Code

Phone # Fax #

I _____, hereby authorize and request you to release to:

The Chiropractic Center of Las Vegas
8821 W. Sahara Ave., Ste. 120
Las Vegas, NV 89117
(702) 212-3333
Fax: (702) 212-3300

any and all medical information, history, diagnosis, reports or x-rays in your possession concerning the undersigned.

Patient's Name Printed: _____

Patient's Signature: _____

Social Security # Date of Birth

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____