

Andan Chiropractic Clinic, P.C.

This letter serves as my consent for Dr. Dan to share my health care information with _____. This consent will also allow the person mentioned above to be present with me in the adjusting room.

Patient: _____ Date: _____

Witness: _____

Andan Chiropractic Clinic, P.C.

Please allow my husband/wife access to my health care information/record. They may check on my appointments and my account. If I wish to change my mind, I will do so in writing.

Patient: _____

Date: _____

Witness: _____