

# RAVENNA CHIROPRACTIC & REHABILITATION

Dr. William D. Blueter  
6560 North Chestnut Street  
Ravenna, Ohio 44266

Phone: 330-297-9797 • Fax: 330-296-2329 • DrBlueter@hotmail.com

MEMBER:  
American Chiropractic Association  
Ohio State Chiropractic Association  
Tri-County Chiropractic Association

Neuro-Musculo-Skeletal Conditions  
Physical Therapy  
Non-Surgical Orthopedics  
Sports Medicine  
Electrodiagnostic Testing  
Certified Golf Fitness Instructor

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## RELEASE OF MEDICAL INFORMATION

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In order to provide the best chiropractic care/physical therapy possible, we would like to coordinate your care with your other treating physicians. To facilitate that process, please list those physicians below, along with their name, address, phone number and specialty. Then, sign the waiver below, allowing us to send them information from this office pertaining to your care.

### Physician's Name, Address & Phone Number

### Physician's Specialty

1.) \_\_\_\_\_

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2.) \_\_\_\_\_

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3.) \_\_\_\_\_

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4.) \_\_\_\_\_

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5.) \_\_\_\_\_

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\_\_\_\_\_

I hereby give my permission for the above named medical facility to release medical information to the physicians listed above. I further release this medical facility and its personnel from any legal liability resulting from the release of this information. I understand that this authorization is valid from the date below until I terminate service with this medical facility. I further understand that I am responsible to notify this medical facility of any change in my physician(s).

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_