



DYNAMIC CHIROPRACTIC
— A U S T R A L I A —

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X-RAY & PATIENT RECORD RELEASE AUTHORITY

**Form to be completed by parent or legal guardian of a patient
under age of legal consent:**

I _____

Date of Birth: _____ / _____ / _____ do hereby authorise

_____ to provide:

**Dynamic Chiropractic Australia
with my X-Rays and a copy of my Records.**

Signed: _____ Date: : _____

**Please send X-Rays to the above address and/or
email them to
Bowen@Dynamicchiropractic.com.au**