



Lake Country Health Center

Dr. Daniel T. Murray and Associates

chiropractic, spinal decompression, sports injury, acupuncture, nutrition & massage

Patient Request for Records Transfer

Date: _____

To: _____
(Doctor's Name or Hospital's Name)

(Clinic Name)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

I hereby authorize the release of my:

office/hospital records _____

x-rays _____

Other _____

and request that they be transferred to:

No patient record found. (Please fax back to 262-646-5803 as soon as possible)

Daniel T. Murray, DC
Lake Country Health Center
1452 Genesee Street
Delafield, WI 53018

Print Name of Patient _____

Date of Birth _____

Patient's Signature _____