

Askeland

CHIROPRACTIC
ACUPUNCTURE P.C.



Dr. Erik J. Askeland, D.C.

Medical Records Request

Physician Name: _____

Physician Fax: _____

I hereby request that my medical records and any x-ray reports be released to:

*Dr. Erik J. Askeland, D.C.
Askeland Chiropractic & Acupuncture
Phone: (919) 841-0081
Fax: (919) 841-0853*

Patient Name: _____

Patient Date of Birth: _____

Patient Signature: _____

Date: _____