State of Louisiana Board of Chiropractic Examiners

8621 Summa Avenue, Baton Rouge, LA 70809

Phone: 225-765-2322 / **Fax:** 225-765-2640 / **Email**: lsbce@eatel.net

Records Release Form

I,_____ , hereby authorize Dr._____ and any other health care provider that has provided health care to me in connection with the treatment that is the subject of this complaint or any complications rising there from, to provide the Louisiana Board of Chiropractic Examiners or its authorized representatives, any and all information relevant to me or my dependent's physical condition, treatment records, billing records, which may be requested including but not limited to reports, evaluations, x-rays or other diagnostic tools, prescriptions, progress notes, order sheets, admission forms, laboratory reports, nurses reports and consultation reports for:

_____ _____

Patient's Name **Patient's Date of Birth**

I understand that the information released will be part of the Board's investigative file and I agree that a photocopy of this authorization and signature has the same force and effect as the original.
The authorization is limited in neither time nor medical subject area.
This authorization shall act as a revocation of all releases provided to the Board involving the subject matter of this release which I may have signed prior to the effective date here.

_____ _____

Signature of Authorizing Person **Date**