

# Advanced Chiropractic & Rehab, Inc.

730 N. Main Street  
Hubbard, OH 44425

8231 W Main Street  
Kinsman, Ohio 44444

755 Boardman-Canfield Rd  
Bldg. P Unit 1  
Boardman, OH 44512

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## Records Transfer Request

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Doctor/Hospital)

Name of patient:(please print) \_\_\_\_\_

Signature of patient/parent/guardian: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

I hereby authorize the release of my "Protected Health Information" or copies of such and request that they be transferred to the named office/facility below.

- X-rays: Date Range: \_\_\_\_\_
  - Cervical
  - Thoracic
  - Lumbar
  - Extremity
- MRI/CAT scan studies: Date Range: \_\_\_\_\_
  - Cervical
  - Thoracic
  - Lumbar
  - Extremity
- Lab/Blood work: Date Range: \_\_\_\_\_
- Treatment/Office Notes: Date Range \_\_\_\_\_

**To be sent to:**

**Advanced Chiropractic & Rehab, Inc**  
**P.O. Box 3351**  
**Boardman, Ohio 44513**  
**330.729.9166 Fax**

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