

GENERAL RELEASE OF COPIES OF WRITTEN RECORDS

Because Dr. Wasenberg no longer has any employees and is using contract labor: Copies cost:

- \$0 for Basic File Overview which is all that your new doctor should need.
- \$0 for original x-rays if patient signs custodial release and picks up x-rays in person.

OR

- \$28 for treatment medical records [\$25 + .25 per page]
- \$50 additional fee for x-ray copies on a CD.

Additional mailing fee if mailed. Mail to: _____

As you can imagine this is an overwhelming undertaking. Obviously, we can only accomplish so much at a time. So we must be as efficient as possible.

Pick up copies by appointment only via email to wassenbergchiropractic@gmail.com. THERE WILL BE NO EXCEPTIONS.

**8:00-8:30 am on Wednesdays
or
5:00-5:30 pm on Wednesdays**

You must pick up your records in person and complete the release below:

My (_____) signature hereto is my official request and authorization for release of records as checked above.

PRINTED NAME

SIGNATURE

DATE

RELEASING WITNESS

DATE OF PICK UP

GENERAL RELEASE OF ORIGINAL X-RAY FILMS

In consideration of cost and timeliness of receipt of said x-rays.

I () am requesting Dr. Wassenberg release to
me () all my original x-ray films.

 I AM ASSUMING ALL CUSTODIAL RESPONSIBILITY OF THESE X-RAYS.
Initial

PRINTED PATIENT NAME

PATIENT SIGNATURE

DATE

RELEASING WITNESS

DATE