

# Natural Medicine Group

John R. Dixon, D.C., CCN, Dipl. AC.

77682 Country Club Drive, Suite A

Palm Desert, California 92211

760-345-7300 Fax: 760-345-7344

Email: [dr.dixon@naturalmedicinegroup.com](mailto:dr.dixon@naturalmedicinegroup.com)

[www.naturalmedicinegroup.com](http://www.naturalmedicinegroup.com)

## Authorization to Release Medical Information

TO: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_ request the following information:

\_\_\_\_ X-rays      \_\_\_\_ History      \_\_\_\_ Records      \_\_\_\_ Diagnosis      \_\_\_\_ Treatment

\_\_\_\_ Reports: \_\_\_\_\_

concerning my \_\_\_\_ Accident      \_\_\_\_ Injury      \_\_\_\_ Illness      \_\_\_\_ Other: \_\_\_\_\_

DOB \_\_\_\_\_

To be released to Dr. John R. Dixon for the purpose of review.

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

\_\_\_\_ patient      \_\_\_\_ spouse      \_\_\_\_ parent      \_\_\_\_ guardian

**Please send the requested information to the fax number listed above.**