



648 N. Alameda Blvd. Las Cruces, NM 88005
Office: 575-521-0022 Fax: 575-521-0033
www.mychirolovesme.com

AUTHORIZATION TO RELEASE RECORDS

I hereby request and authorize you, your employees, and agents to furnish to the person(s) listed below or anyone designated in writing by him/her/them, all records, and reports, including Xray and photostatic copies, abstracts or excerpts of all records and any other information he/she/they may request to any examination, treatment or opinion concerning any condition that I may have had in the past or now have.

Please forward the reports/imaging and information requested to:

Dr. Chris Daugherty
648 N. Alameda Blvd.
Las Cruces, NM 88005
Office: (575)521-0022
Fax: (575)521-0033

Signature:
(Patient or Legal Representative)

Witness:

Printed Name:

Address:

City, State, Zip:

Date: