

To:

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/they, all records and reports, including X-rays and photostatic copies, abstracts or excerpts of all records and any other information he/she/they may request relating to any examination, treatment or opinion concerning any condition that I may have had in the past, now have, or may have in the future.

Please forward the reports and information requested to:

David E. Trimboli, D.C.
648 Park Avenue
Huntington, New York 11743

Phone: (631) 421-4300
Fax: (631) 421-4309

Signature

Print Name

Date of Birth

Street

City, State and Zip Code

Date: _____

I am _____ years of age.