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**AUTHORIZATION FOR RELEASE OF RECORDS**

I, \_\_\_\_\_, have requested the release of my X-ray's, MRI, CT Scans and/or Reports, and hereby acknowledge receipt of these films/scans/reports.

I request the above items be transferred to Dr. Geoffrey C. Ellington, D.C.

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

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_