



THE BACK ALLEY

CHIROPRACTIC & MASSAGE

DONALD K SHIFLET, DC
CHIROPRACTIC PHYSICIAN

RECORDS REQUEST FORM

To:

Facility _____

Fax _____ Phone _____

From:

Provider Donald K Shiflet DC Office The Back Alley Chiropractic & Massage

Fax (520) 877-9183 Phone (520) 877-2666

Address 2060 E Tangerine Rd Ste 182, Oro Valley AZ 85755

Patient Info:

Name _____ Date of Birth _____

Signature _____

Records Requested:

Service Dates From _____ To _____ Purpose _____

Imaging X-ray MRI CT Other _____

Image region:

- C-Spine T-Spine L-Spine SI Joints Sacrum Coccyx Head Neck
- Chest Ribs Abdomen Pelvis Arm Shoulder Elbow Wrist
- Hand Hip Leg Knee Ankle Foot Other _____

Records

- Complete Medical Record Emergency Room Records Surgery/Procedure Records History & Exam
- Office Visit Notes Images on Disc Imaging Reports Lab Reports
- Billing Records Other _____

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