

Frank Amato, DC, DABCO  
Clinic Owner  
Chiropractic Orthopedist, ART Certified

Rich Semel, DC, DACBSP  
Chiropractic Sports Physician

### Authorization To Release X-rays and Information

To: (Facility) \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

X-rays    History    Records    Diagnosis    Treatment    Reports

Concerning my:    Accident    Injury    Illness    Other

To be released to:   The Center for Orthopedic and Athletic Injuries  
1200 Artesia Blvd. S-200  
Hermosa Beach, CA 90254

For the purpose of :   Review

I understand that I have the right to receive a copy of this authorization upon my request.

\_\_\_\_\_  
Patient's Signature  
 Patient    Spouse    Parent    Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature