Valerie Lynn Vogel, DC
8283 SW Barbur Blvd
Portland, Oregon 97219
Phone: (503) 244-1330
Toll Free: (855) 469-7419
Fax: (971) 244-0248

Authorization for Release of Records

Patient Name _____ Date _____

Patient Date of Birth: ___/___/___ ID Number _____

Physician/Facility _____

Address _____
Street number City State Zip

Phone _____ Fax _____
Area Code Area Code

I hereby authorize, by my signature below, the Physician/Facility named above to release the following information for assistance in my care to Valerie Lynn Vogel, DC.

- ☐ Treatment/history records: Dates from ____/____/____ to ____/____/_____
- ☐ X-rays/MRI files: _____
- ☐ X-ray/MRI reports: _____
- ☐ Lab Results/reports: _____
- ☐ PT records: _____
- ☐ ECG reports: _____
- ☐ Other: _____
- ☐ Other: _____

This authorization may be revoked at any time.

Patient Signature _____ Date _____