

Flag City Sport & Spine

DR CHRIS LOFQUIST
DR JAMES DARRACH
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PHONE 419-427-6300
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AUTHORIZATION TO RELEASE MEDICAL/CHIROPRACTIC INFORMATION:

I hereby authorize any medical provider including but not limited to a physician, surgeon, chiropractor, hospital or ambulance owner and/or nurse, to furnish James Darrach D.C., Chris Lofquist D.C., or his representative, any and all records, information, and evidence in their possession regarding the undersigned, and any and all injuries, medical history and physical condition of said person, prior and subsequent to the date hereof. This consent and authorization is subject to revocation upon written notice by the person whose records are hereby released and is valid until revoked.

INCORRECT MEDICAL CARDS:

If the patient or legal guardian (if under 18) does not give the current and in-force medical insurance card to the office of Dr James Darrach and Dr Christopher Lofquist, any charges incurred by the patient refused by the insurance company due to the incorrect or expired information, are solely the responsibility of the patient. We do not assume any responsibility for denied charges due to incorrect or expired information from the patient. This waiver will remain in effect while you are under the care of Dr James Darrach and Dr Christopher Lofquist. Your signature below shows your understanding and agreement with this policy.

Name (please print) _____

Signature _____

Address _____

Date of Birth _____

Social Security Number _____