



Working for your wellness, naturally

Charles W. Chapple, D.C., F.I.C.P.A.
*Acupuncture, Applied Kinesiology
and Chiropractic Pediatric Certified*

Dr. Chris Chelini
Acupuncture Certified

General Release and Release of X-rays:

Know all men by these present: That I, _____
Have requested the release of the X-rays of _____,
Which are a part of the records of Charles W Chapple DC, SC,
Pertaining to the treatment of _____, and I
hereby acknowledge receipt of these X-rays films, in consideration of
the foregoing, I hereby release and forever discharge the aforesaid,
Charles W. Chapple DC, SC, individually as Charles W Chapple DC
and doing business as Advanced Chiropractic Health Center and
their agents, executors, employees and heirs, from any and all
responsibility or liability of any kind, nature or character whatsoever
arising from said treatment and from matters of any kind.

Patient or Legal Representative

Witness

Date