



Dr. Corey Wilhelmsen
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Consent to Retrieve Medical Records

I give the doctor and staff at Core Chiropractic consent to collect any and all medical records deemed necessary to assist with my care. This includes records from hospitals or any other provider or services which would be helpful in assisting my case.

Patient or Parent Signature: X _____ **Date:** _____

Verification of Non Pregnancy (Women Only)

By my signature below I do hereby state that to the best of my knowledge I am not pregnant nor is pregnancy suspected at this time.

Signature of Patient: X _____ **Date:** _____