

DIXON ANIMAL CHIROPRACTIC P.A.
Dr. Jason W. Dixon, Chiropractic Physician, Certified in Animal Chiropractic through
Options for Animals, Wellsville, KS
1900 Division St. W. Suite #7, Bemidji, Minnesota 56601
(218) 444-8540

**RELEASE OF RECORDS AND/OR CONSENT FOR
INTERDOCTOR CONSULTATION AND REFERRAL**

TO: _____

THE PATIENT LISTED BELOW HAS BEEN EXAMINED AND IS BEING TREATED WITH,
AND ONLY WITH, CHIROPRACTIC CARE, BY DR. JASON W. DIXON, D.C., OF DIXON
ANIMAL CHIROPRACTIC, FOR SYMPTOMS RELATING TO THE FOLLOWING
CONDITIONS:

(ENCLOSED ARE COPIES OF THE INITIAL EXAMINATION AND FINDINGS.)

THE CLIENT (S) LISTED BELOW NAMED YOU AS:

- The primary health care provider for this patient.
- A Consulting Veterinarian for the condition (s) listed above.

I, _____, give permission to Dr. Dixon and the Veterinarian (s), or
their custodian of records, listed above, to freely exchange any information relating to my animal's
conditions and/or my animal's past health history, including, but not limited to, diagnostic tests and
examination findings, x-ray findings, diagnoses, treatments, and prognoses. I understand that
these doctors may formulate a treatment plan involving traditional therapies, as well as alternative
therapies, and I will follow this treatment plan to the best of my ability,

Client Name: _____ Patient Name: _____

Species: _____ Breed: _____ Age: _____

Signed by client _____ Date: _____

ACTION REQUESTED:

- This is a follow-up to our telephone conversation and for your records.
- Please send copies of all records pertaining to the above.
Telephone, at 218-444-8540; Fax, at N/A; or
Mail to: Dr. Jason W. Dixon, 1900 Division St. W. Suite #7, Bemidji, MN, 56601.
- Please call me at your earliest convenience to further discuss this case.

THANK YOU, _____ JASON W. DIXON, D.C., C.A.C.