



## Records Request

ATTENTION:

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We are requesting that X-rays/Records of: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_

**When possible please send electronically. Email: [familychiroworks@gmail.com](mailto:familychiroworks@gmail.com)**

Fax records to:

Dr. Brian P. Lima, DC  
Family Chiropractic and Massage of Charleston  
North Charleston Fax: (843) 764-4926  
Summerville Fax: (843) 821-5061  
Moncks Corner Fax: (843) 761-6116

If you have any questions, please contact us:

North Charleston: (843) 764-1995  
Summerville: (843) 832-6999  
Moncks Corner: (843) 761-6111

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

7565 Rivers Avenue, Suite C, North Charleston, SC 29406  
105 South Cedar Street, Suite C, Summerville, SC 29483  
120 North Highway 52, Suite B, Moncks Corner, SC 29461