



# Records Request

**North Charleston**  
7565 Rivers Avenue, Ste. C  
N. Charleston, SC 29406  
Phone: (843) 764-1995  
Fax: (843) 764-4926

**Summerville**  
105 S Cedar Street, Ste. C  
Summerville, SC 29483  
Phone: (843) 832-6999  
Fax: (843) 821-5061

**Moncks Corner**  
120 North Highway 52, Ste. B  
Moncks Corner, SC 29461  
Phone: (843) 761-6111  
Fax: (843) 761-6116

ATTENTION:

\_\_\_\_\_  
\_\_\_\_\_

We are requesting all X-rays and/or Records of: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

Please email records to: [frontdesk@familychiroworks.com](mailto:frontdesk@familychiroworks.com)

If records cannot be sent by email, please fax records to the office indicated above.

**Notes:**

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

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