



Dr. Glenn A. Bager

*Chiropractor*

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RELEASE OF RECORDS

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

To: \_\_\_\_\_

Fax#: \_\_\_\_\_

Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

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

I am requesting that any diagnostic testing results be faxed to:

Colonia Spine and Wellness Center  
15 Prospect Lane, Suite 1D  
Colonia, NJ 07067  
Tel # (732) 827-0028  
Fax# (732) 827-0018

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**Colonia Spine & Wellness Center**

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