



CONSENT FORM

To Whom It May Concern:

I, _____ D.O.B: _____

Of, _____

Tel: _____

email: _____

Would request that a copy of any chiropractic notes and /or X-Rays that you hold for me be sent to:

Dr Marie Broodryk
Abbey Chiropractic
6 Glastonbury Road
Bury St Edmunds
Suffolk
IP33 2EX

Tel: 0794 951 0898
email: info@abbey-chiropractic.com

Thank you.

Signed: _____ Date: _____