



# Gerard Chiropractic

Advanced Spinal Fitness  
515 S. Fairmont Ave. ■ Lodi, CA 95240 ■ 333-2401

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: (PROVIDER) DR Gerard  
(NAME OF DOCTOR, CLINIC, HOSPITAL, ETC.)

ADDRESS: 10 W Locust St

I, Tiffany Anderson request the following information:  
(PATIENT'S NAME) DOB: 8/22/70

X-rays     History     Records     Diagnosis     Treatment  
 Reports     Billings

Concerning my:  Accident     Injury     Illness     Other

To be released to Tiffany Anderson

Address: \_\_\_\_\_

For the purpose of To take to PCP  
(SPECIFY)

According to Section 25252 of California Health and Safety Code, these records must be provided within 15 days of receipt of this notice.

Signed [Signature] Date \_\_\_\_\_

Patient     Spouse     Parent     Guardian

*copy: complaint form  
PH reports*

*8/17/08  
mailed  
to pt  
Requel*

11/11/11  
 11/11/11  
 11/11/11

# PATIENT PROGRESS REPORT

309 7300 / Home  
 11/11/15 / Work

ANDERSON, TIFFANY

PATIENT'S NAME

	MO	DAY	YEAR	DR. INT.	SUBSEQUENT VISITS, TREATMENTS AND REMARKS (SUBJECTIVE - OBJECTIVE - ASSESSMENT - PLAN)	PT INIT.
20	5	SEP	03	2006	- Lt Scapular pain following a fracture - Lt shoulder flexion - intensity of pain - Mylo Doble - Pain may last for days - Any dress will cause - Phobosation allergic reaction - at the by Allergin - 800 mg ibu - send 4/day - Lt C spine, Lt sup spine - Foram can + - DTR's + 2 bilat 1, 2	
19	4	SEP	06	2006	RDF, 5X	
18	3	SEP	08	2006	CR MTR Lt C spine Adj: C-T-L	
17	2	SEP	11	2006	15	
17	7	SEP	12	2006	CR MTR R MTR R C spine & Adj	
					80 Lt 65 145	
					RTA                      Lt                      70 53/68                      82/66	

HT: 5'5" 5'5 1/2" WT: 146 BP: DATE:

7001  
 4.11.06

# PATIENT PROGRESS REPORT

2/27/06  
 1/6/05  
 Home  
 Work

ANDERSON, TIFFANY

PATIENT'S NAME

	MO	DAY	YEAR	DR. INIT.	SUBSEQUENT VISITS, TREATMENTS AND REMARKS (SUBJECTIVE - OBJECTIVE - ASSESSMENT - PLAN)	PT. INT.
1	16	SEP	13	2006	CT of skull R/S pt is stressed Adj. C-T-L	
	15	SEP	15	2006	R/S	
85	15	SEP	16	2006	CT of skull-plate gi - Adj. CT	
			9/18-10/18			
			5 ov			
			.8 ov			
74	17	SEP	23	2006	CT CT Long spine Rom 9 - Adj. T-L + G5	
68	13	SEP	25	2006	Thru left work Ex. Skel, sun msk - Adj. CT +	
68	18	SEP	27	2006	NP/UBP WBS + F-B/L AM CT + G5	
41	11	OCT	02	2006	CT MBS CT skull pt is stressed pt has msk - in	
3	10	OCT	04	2006	CT scapula R/S R/S = Dr. 12/11 CT Long, scapula	
2		OCT	09	2006	R/S	

A. V. Koller  
 7) IV  
 5) C. valg

PATIENT PROGRESS REPORT

327-2339 Home  
 982-4675 Work

PATIENT'S NAME

ANDERSON, TIFFANY

	MO	DAY	YEAR	DR. INIT.	SUBSEQUENT VISITS, TREATMENTS AND REMARKS (SUBJECTIVE - OBJECTIVE - ASSESSMENT - PLAN)	PT. INIT.
2	7	OCT	11	2006	ADMBP ROM ↑, pt. NLS improving slowly - 5 hrs, walked	
1	8	OCT	13	2006	ADMBP	
4	7	OCT	18	2006	ADMBP ROM ↑, pt. 10/19 12/14	
7		OCT	25	2006	RIS	
		OCT	27	2006	ADMBP ROM ↑	
2	5	NOV	08	2006	ROM ↑, pt. ROM Ag. CTE Ag. CT (4G)	
1	7	NOV	29	2006	NLS	
1	7	DEC	13	2006	(99212)	
1	20	MAR	21	2007	(99212)	
					CTE 4G 2/21-5/21	
3	19	MAR	26	2007	ADMBP L/R Friday	
2	16	APR	2	2007	ADMBP ROM ↑ Ag. CTE	

HT: WT: BP: DATE:

A. J. H. K. V. - 01  
 70 0V  
 50 00 100

# PATIENT PROGRESS REPORT

329-2339 Home  
 982 4675 Work

PATIENT'S NAME ANDERSON, TIFFANY

	MO	DAY	YE	DR INIT.	SUBSEQUENT VISITS, TREATMENTS AND REMARKS (SUBJECTIVE - OBJECTIVE - ASSESSMENT - PLAN)	PT INIT.
	MAY	02	2007		Adj. C-T-C - A/D - w/ R & C Adj. C-T-C	
PA		16			Adj. C-T-C	
SE	AUG	03	2007		Adj. C-T-C	
±2	AUG	01	2007		NP   WPA - (P) Cap. (P) ↑ stress at work/home ↓ Rom ↑ (P) Adj. C+T	
21	AUG	06	2007		Adj. C-T-C Pt wants to take PT	
2	AUG	13	2007		Adj. C-T-C	
1	AUG	20	2007		Adj. C-T-C	
5	AUG	31	2007		Adj. C-T-C Pt. not work due to L/A	
4	SEP	09	2007		Adj. C-T-C	
3	SEP	12	2007		Adj. C-T-C - Pt. not	

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: \_\_\_\_\_ DATE: \_\_\_\_\_

ADP 11/11/07  
11/11/07  
11/11/07

# PATIENT PROGRESS REPORT

329 2321 Home  
982 4675 Work

PATIENT'S NAME ANDERSON, TIFFANY

	MO	DAY	YEAR	DR. INIT.	SUBSEQUENT VISITS, TREATMENTS AND REMARKS (SUBJECTIVE - OBJECTIVE - ASSESSMENT - PLAN)	PT. INIT.
4	SEP	1	2007		CP, MPB1	
5	NOV	27	2007		CP, MPB1 R.M. V 11/21-12/27 L/A 1 day Adj. C-T + GS Adj. up hair massage / acupuncture	
5	NOV	7	2007		CP, MPB1	
4	DEC	5	2007		CP, MPB1 R.M. V	
3	DEC	12	2007		CP, MPB1 L & leg spm 1 day off	
2	DEC	19	2007		L & leg spm stir, Adj	
3	FEB	1	2008		R.M. V R.M. V pt taking med - uro 5/32 2/1 - 7/22 20V 5/20	
2					L & leg spm 3 day duration getting worse	
3	10				NP / MPB1 / BSA sup care u adj CT - DIV	

HT: 64-630 WT: 30V BP: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMISSION

# PATIENT PROGRESS REPORT

329-2339

Home

980-4675

Work

PATIENT'S NAME

ANDERSON, TIFFANY

MO	DAY	YEAR	DR. INT.	SUBSEQUENT VISITS, TREATMENTS AND REMARKS (SUBJECTIVE - OBJECTIVE - ASSESSMENT - PLAN)	PT. INT.
2	17	JUL	2007	<p>CR MDP (95212)            Rom. 9 sk            Adj. C-T</p>	
				<p>CR MDP            Lt. back neck pain            int. d/l            Lt. knee twisted while working            on truck at work</p>	
				<p>CR MDP            Rom. 9 sk            Adj. C-T</p>	
				<p>CR MDP            Rom. 9 sk            Lt. back neck pain            Rom. 9 sk            Adj. C-T</p>	

HT:

WT:

BP:

DATE: \_\_\_\_\_



KAISER PERMANENTE

Kaiser Foundation Health Plan, Inc.  
Northern California Region

Medical Record No

~~0123456789~~

Date of Birth

Name - First M Last

Gender

For information about your Health Plan benefits: 1-800-464-4000  
For appointments and medical advice, check your local phone directory  
members.kp.org

Tiffany Anderson