Mahaya Cambridge

Charlene Deeks Naturopathic Clinic

55 Ainslie Street North, Cambridge, Ontario, N1R 3J6
Fax Number: 519-267-9488

ATTENTION: PATIENT RECORDS

AUTHORIZATION FOR RELEASE OF RECORDS FROM HEALTHCARE PROFESSIONAL TO MAHAYA CAMBRIDGE

To Dr.: _____ (please print) Fax #: _____ Address: _____ _____ _____ Telephone: _____	From Patient: _____ (please print) Date of Birth: _____ Address:_____ _____ _____ Telephone: _____

PLEASE SEND THE FOLLOWING REPORTS WITH THE SIGNED AUTHORIZATION FORM

Health Records _____

X-Rays _____

Laboratory Results _____

Other _____

On behalf of Dr. Susan Fisher N.D., I _____
(If patient is under 18 yrs of age, signature of Legal Guardian or Parent is required)

give permission to receive/send the above listed reports on my behalf. I release from you all legal responsibility or liability that may arise from this authorization.

Signature of patient: _____

Date: _____

Witness: _____

Clinic Naturopath: Dr. Susan Fisher N.D. (Lic#1730)

Signature: _____

Clinic Phone: (519) 267 4885