Ziegler Integrative Health
2146 Robinson Street
Regina Saskatchewan
S4T 2P7
Phone: (306) 757-4325
Fax: (306) 522-0745

AUTHORIZATION FOR RELEASE OF RECORDS FROM HEALTH CARE PROFESSIONAL TO ZIEGLER INTEGRATIVE HEALTH CLINIC

(Please fax this form back with the records)

To: Dr.: ______________________________
(please print)
Fax No#: ______________________________

Address: ______________________________

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Telephone: ______________________________

From: Patient: ______________________________
(please print)
Date of Birth: ______________________________

Address: ______________________________

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____

Telephone: ______________________________

PLEASE SEND THE FOLLOWING REPORTS WITH THE SIGNED AUTHORIZATION FORM

Health Records ______________________________

X-Rays ______________________________

Laboratory Results ______________________________

Other ______________________________

On behalf of Dr. Allison Ziegler N.D., I ______________________________ 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: ______________________________
(If patient is under the age of 18 signature of Legal Guardian or Parent is required)
Date: ______________________________
Witness: ______________________________

(Signature)______________________________
Allison Ziegler, ND License #148