



Halifax Naturopathic Health Centre

Patient Information Release Form

Please fill out all information below

Patient Name _____

DOB _____ Health Card # _____

Requesting Labs from - Doctor / NP Name _____

OR Clinic Name _____

Dr / NP / Clinic Phone _____

Documents / Materials to be released to:

Dr. Rosalyn Hayman, ND

Dr. Ellen Conte, ND

Dr. Sarah Baillie, ND

Dr Nadia Tymoshenko, ND

Blood work date (add date/range) _____

Other _____

I, _____, authorize the release of this information to the above named party.

_____ Patient Signature _____ Authorizing Signature

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