

Dr. Penny Seth-Smith N.D.

*Naturopathic Family Physician with Prescriptive Authority
Certifications in Acupuncture, Oral Chelation & Facial Mesotherapy*

AUTHORIZATION FOR RELEASE OF RECORDS

To:

Re Patient: _____

Date of Birth: _____

I hereby authorize and request you to release to Dr. Penny Seth-Smith ND
a copy of all health records/ the health records listed below in your
possession, concerning the above patient

Records requested:

Signed _____

Dated _____

Valid until _____