Dr. Penny Seth-Smith N.D.
Naturopathic Family Physician
Board Certified in Acupuncture

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

1) all health records
2) the health records listed below

in your possession, concerning the above patient

Records requested:

Signed_____
Dated_____ Valid until _____

2518 Blackwood St., Victoria, B.C., V8T 3W1
Tel: (250) 361-9888