



Dr. Bjorndal x Dr. Mason-Wood

200-6650 177th St NW, Edmonton, AB, T5T 4J5
Phone: 587-521-3595 Fax: 1-855-541-0837
www.naturalterrain.com

AUTHORIZATION FOR RELEASE OF RECORDS FROM HEALTH CARE PROFESSIONAL TO NATURAL TERRAIN NATUROPATHIC CLINIC
(Please fax this form back with the records)

To: Dr.: (please print)

From: Patient: (please print)

Fax No#:

Date of Birth:

Address:

Address:

Telephone:

Telephone:

Alberta Health Number:

PLEASE SEND THE FOLLOWING REPORTS WITH THIS FORM

Health Records

X-Rays

Laboratory Results

Other

On behalf of Dr. Michael Mason-Wood, ND or Dr. Christina Bjorndal, ND of the Natural Terrain Naturopathic Clinic, 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:

Dr. Michael Mason-Wood, ND, Lic #1622

Dr. Christina Bjorndal, ND, Lic #1616