



Payson Flattery, ND, DC, PC
Jocelyn Cooper, ND
Mary Ellen Coulter, MD
Keith Bell, PA
Debrah Harding, ND, Fabno

AUTHORIZATION FOR RELEASE OF RECORDS

OBTAIN FROM:

PHYSICIAN/CLINIC: _____

ADDRESS: _____

PHONE: _____ FAX: _____

SEND TO:

PHYSICIAN/CLINIC: Center for Integrative Medicine:

Edward P. Flattery, ND

Keith Bell, PA

Jocelyn Cooper, ND

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MaryEllen Coulter, MD

ADDRESS: 464 NE Norton Ave. Bend Oregon 97702

PHONE: 541-323-3358

FAX: 541-323-3359

PLEASE CHECK SPECIFIC INFORMATION REQUESTED

ALL RECORDS:

HEALTH RECORDS FROM SPECIFIC DATES: _____

IMAGING AND LAB RESULTS

EXCEPTIONS:

DRUG AND ALCOHOL INFORMATION

HIV INFORMATION

MENTAL HEALTH INFORMATION

OTHER: _____

PATIENT'S NAME: _____

DOB: _____

PATIENT'S ADDRESS: _____

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE: _____

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