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Client's Consent to Release Information

I, _____ hereby give my consent to
(Client's Name)

_____ to release and/or exchange my
(Your Treating - Medical/Psychological Practitioner's Name)

personal information with Dr. Anthony V Badalamenti. This information will be used professionally for hypnotherapeutic purposes only, enabling a more comprehensive, multifaceted approach to success.

Name Dr. _____
(Medical/Psychological Practitioner)

Address _____

Phone _____ Fax _____

X _____ Date _____
(Client Signature)