



Evergreen Natural Health Clinic
1033 Basin Ave. Suite A
701-989-0268
FAX: 701-751-0892

Consent for Release of Information

Please Print:

Patient Name: _____

Address: _____

Date of Birth: _____

Check Appropriate Request

_____ Request Record from Outside Facility Sent To Evergreen Natural Health Clinic

Name of Facility: _____

Address: _____ Fax: _____

_____ Request ENHC Records sent to:

Name of Facility: _____

Address: _____ Fax: _____

Records Requested: _____

I agree to the above request of my Medical Records Release:

Patient Signature

Date

Parent/Guardian Signature if patient under 18 yrs of age

Date