

## Release of Information Consent Form

I, \_\_\_\_\_ give my consent for Ultimate Wellness Inc. to  
(Full Name)

Contact \_\_\_\_\_ for the purposes of giving and obtaining  
(Person(s) or Company)

information regarding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Issue)

Ultimate Wellness Inc. is authorized to disclose such information as specified above to the person(s)

listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have made my decision freely, without undue influence.

This consent will expire automatically after 90 days from the date on which it is signed or upon

fulfillment of the above mentioned purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_