**Integrative Therapies for Prevention, Cancer and Chronic Disease**
222 Auburn St., Suite 102
Portland, ME 04103
207-699-3838  Fax 1-855-216-3779

Colleen S. Tetzlaff, MSN, AOCNP, FNP, CTN
Certified Oncology and Family Nurse Practitioner

DATE: _____

TO: (Primary Practitioner / Physician)

_____

**Authorization for Release of Medical Records**
I hereby authorize and request that you release to
Integrative Therapies for Cancer and Chronic Disease:

Patient Information:

Name_____

Date of Birth_____

Social Security Number_____

Street Address_____

City_____ State_____ Zip_____

Please release all pertinent medical records including lab, diagnostic pathology and imaging reports (written) and pertinent chart notes.