



**Integrative Therapies for Prevention, Cancer and Chronic Disease**

60 Forest Falls Drive, Suite 5  
Yarmouth, ME 04096  
207-699-3838 Fax 207-352-5871

Colleen S. Tetzlaff, DNP, NP-C  
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.