

Authorization to Release of Information

I authorize Nutrition Counseling Services LLC/Carol W. Johnson, MS, RD, LDN
307-A East King Street Kings Mountain, NC 28086
Phone: 704-734-5223 Fax: 704-734-0662
Email: carol@eatinghealthier

To exchange
Records with

Name of Physician

Physician's Address

City

State

Zip

Phone

Fax

With regard
To

Patient's Name

Date of Birth

XXX-XX-

Social Security (last four digits)

Requested Information:

- office visits (recent year & medical diagnoses)
- most recent labs (including lipid profile)
- current medications
- growth charts
- _____

Signature of Responsible Person

Date

Signature of Witness

Date