Authorization to Release of Information

I authorize Nutrition Counseling Services, LLC/Carol W. Johnson, MS, RD, LDN

608 W King Street, Suite B Kings Mountain, NC 28086

Phone: 704-734-5223 Fax: 704-734-0662

Email: carol@eatinghealthier

To exchange
Records with _____
Name of Practitioner or Agency

_____
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