Integrative Nutrition Solutions, LLC
Jennifer Masters, MS, RDN, LDN
4874 Harvest Mill Way
Knoxville, TN 37918
865-322-3663 Fax: 865-444-2175

Authorization to Release Medical Information

Patient Name________________________________ Date of Birth____/____/________

I, _______________________________, hereby authorize Integrative Nutrition Solutions, LLC to
(Patient or Parent/Guardian of patient)

OBTAIN / RELEASE copies of this patient's medical records FROM / TO the following:
(circle as applicable) (circle as applicable)
Name: ____
Address: ____
City, State, Zip: ____
Phone: __________________________ Fax: ___________________

Medical records to be obtained and/or released:

- ☐ Complete records ___________________
- ☐ Office visit notes ____________________
- ☐ Labs/Diagnostics ____________________
- ☐ Growth chart _____________________
- ☐ Hospital records ___________________
- ☐ Medication records _______________

____ ________________________
Signature of person authorized to consent for patient Relationship

____
Date
*This authorization expires one year from this date unless otherwise revoked.

Please fax records to 865-444-2175