



saskatoon  
**NATUROPATHIC MEDICINE**

OFFICE OF DR AMY VELICHKA, ND, DR DARLENE REID, ND, DR. JACALYN SIEBEN, ND,  
DR. NICOLE LORAN, ND, DR. BRITTANY PEARCE, ND & DR. SAMI LEUNG, ND

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

**Please fax the requested information to: 306-664-2151**

Doctor's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Patient's Name (Please Print): \_\_\_\_\_

Patient's Birthday (Day/Month/Year): \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

I request and authorize the release of the following Medical Records to:

DR. AMY VELICHKA, ND

DR. DARLENE REID, ND

DR. JACALYN SIEBEN, ND

DR. NICOLE LORAN, ND

DR. BRITTANY PEARCE, ND

DR. SAMI LEUNG, ND

Imaging/Ultrasound/X-Rays: \_\_\_\_\_

Lab Results: \_\_\_\_\_

Other: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_