



Records Release Form

Naturopathic Doctors are regulated health professionals under the Health Professions Act of Alberta, the act that regulates all health professionals in this province. At present, we do not yet have access to the NetCare System. We appreciate the professional courtesy of sending the requested records in order to help our mutual patient.

We appreciate the forwarding of this information by fax to 403-283-0786 or email at info@resonance-wellness.com at your earliest convenience. Should you have questions, please do not hesitate to contact the front desk manager at 403-283-7683.

Records to be released to:

Resonance Wellness
Suite 200, 3116 4th St NW
Calgary, AB T2M 3A4
Phone: 403-283-7683
Fax: 403-283-0786
Email: info@resonance-wellness.com

Requested by: Dr. Allissa Gaul ND

Patient Name:	DOB:	PHN:
Doctor/Clinic or Hospital:		

Records Requested:

	Chart Notes:
	Lab Results:
	Imaging Results:

By my signature I authorize you to release confidential health information about me by the release of my medical records or a summary or narrative of my protected health information as indicated above to Resonance Wellness. A copy of this authorization shall be as valid as the original.

Signature: _____

Date: _____

(Signing on behalf of a dependent Y / N)

Witness: _____

Date: _____

