



Denise Bahadar MSN, FNP
LiveWell Natural Health
Boise, ID 83713
(208) 392-8383

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

I request and authorize _____ to release
healthcare information of the patient named above to:

LiveWell Natural Health
4700 N Cloverdale Rd # 103
Boise Idaho 83713
(208) 392-8383 Office
(866) 575-9302 Fax

This request and authorization applies to:

- Healthcare information relating to the following treatment, condition, or dates: _____

- All healthcare information _____

- Other: _____

Printed Name

Signature

Date