



**ATTN: Bonnie Reynolds**

**Authorization to Release Records**

Street Address: 3755 Illinois Ave., St. Charles, IL 60174-2420  
www.doctorsdata.com - inquiries@doctorsdata.com  
Telephone 800/323-2784 or 630/377-8139  
Fax: 630/587-7860

Date \_\_\_\_\_

I authorize Doctor's Data, Inc. to release my records to the person and address listed below. Any photocopying or facsimile of this Authorization shall have full force and effect of this original.

Name of Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_

SSN#: \_\_\_\_\_

Ordering Physician Dr. David Berger @ Vitality Health & Wellness

Test Type or Lab Number All Tests Performed \_\_\_\_\_

Date of the Test All Tests Performed \_\_\_\_\_

**E-mail Test Results to Address Below**

Name Dr. David Berger @ Wholistic Pediatrics

Street Address 3341 West Bearss Ave. \_\_\_\_\_

City, State, Zip Tampa, FL 33618 \_\_\_\_\_

Phone Number 813-960-3415 \_\_\_\_\_

Doctor's E-mail lab@wholisticpeds.com \_\_\_\_\_

Patient's E-mail \_\_\_\_\_

Patient or Legal Guardian Signature

\_\_\_\_\_  
(Signature Required)

\_\_\_\_\_  
Print Name

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For Office Use Only

Date Received \_\_\_\_\_

Completed By \_\_\_\_\_

Date Results Sent \_\_\_\_\_