



The Great Plains Laboratory, Inc.

SM
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RELEASE OF INFORMATION

I, _____ authorize The Great Plains Laboratory,
11813 W. 77th St, Lenexa, KS 66214 (fax 913.341.6207) to release medical information
and/or test results to: David Berger, MD

Address: 3341 W Bearss Avenue, Tampa, FL 33618

Phone #: 813-960-3415

Fax #: 813-960-3465

Email: lab@wholisticpeds.com

Regarding patient _____.

This information is released for the following reason (s):

My personal records

Treatment at this facility

Consultation

Legal Review

Patient signature _____

Parent/Guardian signature _____

Date _____

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