

***Eclectic Naturopathic Medical Center, LLC***

*Kathleen M. Riley N.D. & Dr. Susan Yarett, N.D.*

*CT License # 000079*

*48 Christian Ln, Suite 203, Newington, CT 06111*

*Tel: 860.665.1254 ~ Fax: 860.665.7135*

***Permission Request Form***

*I give permission to Dr. Riley to contact my current Medical Health Care Physician to discuss my medical records, including labs and clinical notes.*

***Patients Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

*Please list Physician(s) names and phone number(s)*

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***Doctor's Name*** \_\_\_\_\_ ***Phone Number*** \_\_\_\_\_

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***Doctor's Name*** \_\_\_\_\_ ***Phone Number*** \_\_\_\_\_

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***Doctor's Name*** \_\_\_\_\_ ***Phone Number*** \_\_\_\_\_

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***Doctor's Name*** \_\_\_\_\_ ***Phone Number*** \_\_\_\_\_

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