

Dr. Brian Casteels, Naturopathic Doctor

ATTENTION: PATIENT RECORDS

3 Offices: Unit 301b- 72 King St West Cobourg ON, K9A 2M3
Unit 1- 105 Consumers Drive Whitby ON, L1N 1C4
192 Grand Rd Campbellford ON K0L1L0

phone: 1-800-868-5508

Fax: 1-877-231-8845

**AUTHORIZATION FOR RELEASE OF RECORDS FROM HEALTH CARE
PROFESSIONAL TO Dr. Brian Casteels, ND
(Please fax this form back with the records)**

To: Dr. : _____

Fax No#: _____

Address: _____

Telephone: _____

From: Patient _____

Date of Birth: _____

Address: _____

Telephone: _____

PLEASE SEND THE FOLLOWING REPORTS WITH THE SIGNED AUTHORIZATION FORM

Health Records _____

X-Rays _____

Laboratory Results _____

Other _____

On behalf of _____, I _____ give permission to
receive/send the

(If patient is under the age of 18 signature of Legal Guardian or Parent is required)

above listed reports on my behalf. I release from you all legal responsibility or liability that may arise
from this authorization.

Signature of patient: _____

Date: _____

Naturopathic Doctor: Dr. Brian Casteels, ND Lic #: CONO #: 1968