



264 Botsford Street, Suite 202

Moncton, NB E1C 4X7

Phone (506) 388-1881

Fax (506) 859-9526

www.bodywiseyoga.com

www.facebook.com/bodywiseyoga

RELEASE OF INFORMATION

Patient's name: _____

Address: _____

Date of birth: _____

I hereby give my permission to release the contents of my patient file, including health history, medical records, and treatment notes, to _____, RMT.

Patient's signature: _____

Date: _____