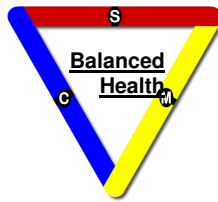


Natural Health Center

The Art & Science of Natural Healthcare



13384 Jones Road ♦ Houston, TX 77070
Phone: (281) 897-8818 ♦ www.nhchouston.com ♦ Fax: (281) 897-8817

Records Release Authorization

To: _____

(Doctor or Hospital)

Address

City State Zip

I hereby authorize and request you to release:

- ___ X-rays only
- ___ Medical records only
- ___ Medical and Lab records only
- ___ Medical records and X-rays only
- ___ Medical and Lab records and X-rays

To:

Dr. Jason Kolodjski
Natural Health Center
13384 Jones Road
Houston, TX 77070

Name: _____ Date: _____

Date of Birth: _____ SSN#: _____

Signature: _____