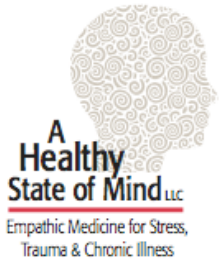

Communication Consent Form

To provide you with optimum care, it is often beneficial to speak with your current and past health care providers about your case. To ensure your privacy, no communication with other providers will occur without your explicit permission as noted below.

Name:_____

Provider type: _____

Telephone:_____

By signing below, I hereby authorize Dr. Mary Fry, N.D. to discuss my medical case with the health care provider noted above.

Patient name_____ Date of Birth: _____

_____ _____

Signature of Patient or Representative Date

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