

Raymond Psonak D.O. / Chelation Medical Center, LLC

255 Intervale Road, New Gloucester, Maine 04260
Phone: 207-657-4325 FAX: 844-263-6886

Authorization for Release of Health Information to Life Extension

Patient Name: _____ Date of Birth: _____
(PRINT NAME)

Phone: _____

Authorization:

I authorize Raymond Psonak DO / Chelation Medical Center, LLC to release my medical laboratory information to **Life Extension** and have phone conversations for purposes of consulting concerning my health condition.

I understand I may revoke this authorization at any time by providing written notification to Chelation Medical Center or Dr. Psonak, 255 Intervale Rd, New Gloucester, ME 04260.

Signature of Patient (if 18 years of age or older)

DATE

Signature of Parent or Guardian (if minor patient)

DATE