Raymond Psonak D.O. / Chelation Medical Center, LLC
255 Intervale Road, New Gloucester, Maine 04260
Phone: 207-657-4325 FAX: 207-517-2619 Alt FAX: 757-315-8052

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