



Synergy Natural Medicine Clinic
Dr. Jennifer Wicher ND | Dr. Laurel Kwon
698 West Foothill Blvd, Monrovia, CA 91016
Phone: (626) 303-3300 Fax: (626) 239-7380

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient name _____ Date of birth _____

I REQUEST AND AUTHORIZE _____ TO RELEASE HEALTHCARE
doctor/health care practitioner
INFORMATION FOR THE PATIENT NAMED ABOVE TO DR. JENNIFER WICHER, ND OR
DR. LAUREL KWON, ND AT SYNERGY NATURAL MEDICINE CLINIC.

Doctor's address _____

Doctor's phone & fax number _____

Medical Records Requested

This request and authorization applies to the following healthcare records between

_____ and _____
Start date End date

- All healthcare information
Healthcare information relating to the following treatment or condition
Laboratory test results
Diagnostic imaging reports

Additional Details _____

Confirmation of Request and Authorization

I authorize the release of my medical records. For the purpose of this request, records or files
shall include all confidential communicable disease-related information, confidential alcohol or
drug abuse-related information and confidential mental health diagnosis/ treatment information.

This authorization expires 90 days after it is signed.

PATIENT SIGNATURE _____ DATE SIGNED _____