



UP4Nutrition

MEDICAL RELEASE

UP 4 NUTRITION

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UP4Nutrition

I hereby authorize Uzma Khan, MS, RDN, LD at UP 4 NUTRITION to release my nutrition information/reports or billing records to the following person/entity.

Name of requesting party: _____

Requesting part address or fax: _____

Reason for release: _____

Signature of patient: _____

Date: _____

Printed name: _____

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