American Metabolic Laboratories

Home of the Cancer Profile© and Longevity Profile®©
Excellence in Clinical Pathology Since 1995

REQUEST FOR THE RELEASE OF LABORATORY RESULTS

I, _____

D.O.B.:_____

DATE: _____

Request & Authorize:

American Metabolic Laboratories and
Dr. Claudia Marcelo, D.O.
1818 Sheridan St., #102
Hollywood, FL 33020
954-929-4814
954-929-4896 fax

to release/discuss my laboratory results/records that were performed on:_____.

Waiver to expire: _____.

To: _____

Address: _____

_____

Phone#: _____ Fax#: _____

Email address:_____

This authorization can be revoked at any time in writing. I am making this request of my own free will, and I hold American Metabolic Laboratories & its staff harmless in any and all possible circumstances that may result from this request.

_____
Signature