Empower WELLNESS, PC

1610-A Graves Mill Road
Lynchburg, VA 24502

PHONE 434-205-8049
FAX 833-402-0997

RELEASE OF INFORMATON TO PHYSICIAN

Your physician is the medical representative responsible for coordination of your total care. Therefore it is appropriate for him or her to be aware of the therapy taking place under my care. With your permission, I would like to communicate basic treatment information to your physician.

Client Name_____ Date of Birth_____

Please DO NOT contact my physician: _____

Physician Name: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____