



Take 2 weeks to try
a safe natural option.

Fill out this form, print, and bring with you on your next visit; or fill out, download to your computer, and email as an attachment to mail@take2healthcare.com

HIPAA Permission Form (Optional)

If you are at least 18 years old and would like to give another person (example: spouse, sibling, child, parent) permission to discuss nutritional details (such as results, recommendations, future tests), schedule appointments, or attend visits with you, please fill out the information below.

I _____ give my permission for Take2 Healthcare doctors and staff to freely discuss all health information, test results, recommendations and future health concerns with _____.

If I choose to rescind permission for above person to discuss my health status and results, I understand that I must submit this request in writing to Take2 Healthcare.

Patient Full Name (Print): _____ Date: _____

Patient Email Address: _____

By filling out the above information and printing your name and email address, you are approving authorization for sharing medical information.

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