



Take 2 weeks to try
a safe natural option.

Records Release Form

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

I, _____ authorize

Take2 Healthcare to release/send the following documents (please check one or more boxes):

All Documentation/Testing/Notes & Recommendations

Blood Test Results

Hair Analysis Results

Urinalysis Results

Stool Test Results

Toxic Urine Results

Doctor's Notes/Test Analyses

Vitamin Recommendations

Chiropractic Treatment Notes

Acupuncture Treatment Notes

Thermography Evaluations

Thermography Images

Please fax the above information to:

Provider or Clinic Name: _____

Phone Number: _____

Fax Number: _____

Please mail the above information to:

Provider or Clinic Name: _____

Phone Number: _____

Address: _____

Patient Full Name (Print): _____ Date: _____

Patient Email Address: _____

By filling out the above information and printing your name, email address, and sending to Take2 Healthcare you are approving authorization for Medical Release information.

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