



No More Diets! Learn How to Eat.

Masters In Dietetics, L.L.C.
Registered & Licensed Dietitian Nutritionist
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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____

I request and authorize _____ to release healthcare information of the patient named above to:

Name: Tabitha Lenox, M.S., R.D.N, L.D.

Address: 2219 Sawdust Road Suite 904

City: The Woodlands State: Texas Zip Code: 77380

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

Information to my insurance provider as needed for treatment.

All healthcare information

Other: _____

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

Guardian Signature: _____ Date Signed: _____