

Eclectic Naturopathic Medical Center, LLC

Kathleen M. Riley, N.D.

CT License # 000079

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Tel: 860.665.1254

Permission Request Form

I give permission to Dr. Riley to contact my current Medical Health Care Physician(s) to discuss my medical records, including labs and clinical notes.

***Patient Signature:** _____ **Date:** _____*

Please list Physician(s) name(s) and phone number(s)

Doctor's Name

Phone Number

Doctor's Name

Phone Number

Doctor's Name

Phone Number

Doctor's Name

Phone Number