



WHOLISTIC
Thermography

Request for Report Delivery to Additional Health Care Practitioners

Name: _____

Date: _____

We are happy to send your Report results to a Health Care Practitioner of your choice. They are the person listed on your Intake Form. This is updated at subsequent annual appointments so that we are only sending your most recent report to the medical personnel of your choice. Generally, this is sent via USPS, unless you have a practitioner who prefers an email copy.

I would like my report to be sent to more than one Health Care Practitioner. I will add \$3.00 per individual and include their full name, title and complete address below.

Full Name and Title:

Address:

Signature or Patient or Patient's Authorized Representative

Date

Authorized Signature of Facility

Date