

Daniel Howard, DA
Shen Garden Acupuncture
74 Second Street
North Kingstown, RI 02852
401-935-7221

PATIENT RELEASE FORM

I (print) _____ give Daniel Howard of Shen Garden Acupuncture to contact the Health Care Providers listed below. I do so willingly so these parties can communicate freely regarding treatment strategies, Lab test results, medication changes or any other concerns regarding treatment. It is my intent that these individuals will work together to form a Health Care Team that is committed to my overall well being. They have permission to discuss all aspects of current and past health care that I have received.

Health Care Providers

Name: _____
Type of service provided: _____
Phone number: _____

Name: _____
Type of service provided: _____
Phone number: _____

Name: _____
Type of service provided: _____
Phone number: _____

Name: _____
Type of service provided: _____
Phone number: _____

Name: _____
Type of service provided: _____
Phone number: _____

Patient Signature: _____ Date _____

Guardian Signature: _____ Date _____
Relationship to Patient: _____