



A Smarter Way to Better Health
Interactive Health Solutions Inc.
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(800) 840-6100 Toll Free
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Would you like your lab results faxed to your physician?

I hereby authorize INTERACTIVE HEALTH SOLUTIONS, INC. to release any and all information regarding my medical records to:

Doctor's Name:

Doctor's Fax: (Required)

Doctor's Telephone:

Doctor's Email Address:

I also release, and do not hold INTERACTIVE HEALTH SOLUTIONS, INC. responsible regarding any use of this information by the above-mentioned party.

Print Your Name:

Print Your Birth Date:

Your Signature

Date

Interactive Health Solutions will not be able to send your results to your physician unless this form has been signed.

At your earliest convenience please fax this form back to Interactive Health Solutions at (847) 590-0267.

