



MaxFit Movement Institute  
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## Release Information

I \_\_\_\_\_ (Please print name) on \_\_\_\_\_ (date)  
request that \_\_\_\_\_ (nutritional practitioner) and  
\_\_\_\_\_ (doctor/practitioner) consult mutually regarding their  
treatments with me. Consultation may include the exchange of both verbal and written  
communications (including lab work).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_