

Physician's Plan Weight Management
Raymond A. Powell, M.D.

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(530) 842-3088	(530) 926-2502	(530) 223-0216	(530) 529-0512	(530) 891-0982

Consent for the Release of Medical Records

I give permission for my medical records (blood work, chart, EKG) to be released to: (Allows Dr. Powell to send updates on your progress to the Practitioners you list below)

Printed Name _____

Signature _____

Date _____

Consent to Obtain Medical Records

I give permission for Physician's Plan Weight Management Medical Clinic to obtain medical records (including blood work, chart, EKG) from the following physicians. I understand this information will be utilized in providing an individualized program to meet my weight management needs. _____

Printed Name: _____

Signature: _____

Date: _____