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I consent for Dr. Fetell to discuss or give copies of the results of my laboratory tests with my primary care doctor, referring physician, or other practitioners if they should request this information. I also agree for Doctor Fetell to discuss the findings with the following person(s)

1. _____
2. _____
3. _____

This includes Quest or Labcorp panels, Genova tests including ION, CDSA, salivary hormone tests, Bioimpedance analysis, Boston Heart Testing, or any other information.

test results done in my evaluation through this office.

Patient _____

Date _____

Witness _____