

MEDICAL RELEASE

Patient Name _____

DOB _____

SS # _____

Height _____ Weight _____

Please attach laboratory results (CBC & BMP) that are less than 60 days old.

Known Medical Diagnosis

Current Medications

I _____ (physician); have examined _____

_____ (patient) and reviewed his laboratory findings

(BMP & CMP) and have determined that he in good physical condition with kidney function

(within normal range) and has no existing medical conditions that limit his involvement in

exercise and nutritional counseling.

Physician Signature

Date

Fax to: The Cleansing Center (973) 313-0062