

Robert Ullman, ND and Judyth Reichenberg-Ullman, ND, LCSW
The Northwest Center for Homeopathic Medicine
123 4th Ave, N., Suite 2 Edmonds, WA 98020 Tel: (425) 774-5599
www.healthyhomeopathy.com

CANCER PATIENT'S RELEASE OF MEDICAL RESPONSIBILITY

Please complete this form and fax to Dr. Robert Ullman at (866) 206-6716 or Dr. Judyth Reichenberg-Ullman at (866) 350-9829.

I am a patient of Dr. _____ at The Northwest Center for Homeopathic Medicine. I acknowledge that I am a cancer patient and am seeing the doctor for adjunctive treatment. I have consulted an oncologist and am aware of the recommended orthodox medical treatment for my condition. I understand that the doctor is treating me as a whole person and is not specifically treating my cancer. I and my family understand fully that the doctor makes no promises or guarantees of cure but will make homeopathic, nutritional, herbal, attitudinal, and lifestyle recommendations for my health, comfort, and well-being. I am willing to send a release of medical records to other physicians.

Name (printed) _____

Name (signed) _____

Date _____