



LIMITED AUTHORIZATION & RELEASE OF INFORMATION

With my signature below, I authorize _____
(Name of person)

to conduct the following transactions on my behalf:

PLEASE CIRCLE ONE OR MORE OF THE FOLLOWING

Make Appointments

Insurance/Billing

Get Results

Talk To Nurse or Provider

Other _____

For the time period: _____ to _____
(Beginning Date) (End Date)

Good for one year.

Date

Signature

Printed Name

06/10/2015

