

I, \_\_\_\_\_, give the office of Dr. Natalie Wright permission to speak with the following family members, spouse, roommates, etc., regarding billing issues, lab results, or any information pertaining to my treatment and care.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list the numbers you would like for us to call **YOU**:

1: \_\_\_\_\_ Can we leave you a message: Yes No

2: \_\_\_\_\_ Can we leave you a message: Yes No

Your Email Address: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This will expire in 12 months from the above date