

MedPro Rx, Inc. 140 Northway Court Raleigh, North Carolina 27615 Phone: 888/571-3100 Fax: 800/582-9315

Find Find Find Find Find Find Find Fig. 800/37 1-3100 1 ax. 800/382-9313

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

I authorize MedPro Rx, Inc. to disclose Protect	ted Health Information for:
Patient's Name	
Address	
City/State/Zip	
Date of Birth	
Protected Health Information is to be disclosed 1 2 3 4 5.	d to:
I authorize MedPro Rx, Inc to disclose the follo	owing Protected Health Information:
☐ ALL requested information	
This authorization expires: (If no date is provided, this authorization will e Rx, Inc.)	xpire upon discontinuation of service with MedPro
I understand that I may revoke this authorizati address above	on at any time by sending written notice to the
Patient's Signature	Date
Responsible Party Signature	Date