



www.prostheticRx.com

2613 Carver St
Durham, NC 27705

T: 919.383.1205
F: 919.383.2838

Patient Consent for Medical Disclosure

In order to authorize The Anaplastology Clinic to discuss your medical care, insurance and financial concerns with someone other than yourself (e.g. spouse, relative, etc.), they need to be listed below:

First Contact Person:

Name	
Relationship to you	
Home Phone #	
Cell phone #	
Work phone #	
Email	

Second Contact Person:

Name	
Relationship to you	
Home Phone #	
Cell phone #	
Work phone #	
Email	

Patient's name (PRINT): _____

Patient's signature: _____ Date: _____