



## LIMITED AUTHORIZATION & RELEASE OF INFORMATION

I authorize \_\_\_\_\_ to conduct the following transactions on my behalf:  
(Name of person)

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

\_\_\_\_\_  
Print Name

