

The Florida Center For Functional Medicine

If you are at least 18 years old and would like to give another person (example: spouse, sibling, child, parent) permission to discuss your test results, appointment schedule, or treatment with the Florida Center of Functional Medicine (FCFM) staff, please fill out the information below.

DATE: _____

NAME: _____

I _____ give my permission for FCFM doctors and staff to freely discuss all health information, test results, recommendations and future health concerns with _____.

If I choose to rescind permission for above person to discuss my health status and results, I understand that I must submit this request in writing to FCFM.

Print Name: _____

Signature: _____

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