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The reason for my visit today is:

- Prenatal Care
- Post Partum Visit
- My annual health maintenance check up.
(breast and pelvic exam with a Pap Smear).
- A problem-oriented visit:
My problem today is:

Current Medications:

Pharmacy Name: _____ **City/Street:** _____

Pharmacy Phone Number: (_____) _____

The undersigned hereby authorize the staff to perform such services as deemed necessary by the physician to diagnose and treat my conditions. Further, I authorize assignment of my insurance rights and benefits directly to this provider and authorize the release of such information as is needed to process insurance claims. I have received the financial policy for Elite Women's Care and I understand that I am responsible for all charges which may include legal fees, collection fees or other expenses incurred by the provider to collecting my account. I hereby order all parties to accept a copy of this release and assignment in lieu of the original. This should remain in effect until revoked by me in writing.

Authorized Signature of Subscriber

Date