



Robert B. Reeve, M.D., David J. Woods, M.D., Amy V. Spanfelner, O.D.

NOTICE OF CONSENT

I, _____ hereby give my consent for the following person/people to pick up any prescriptions/samples, medical records/information, or speak with a nurse/doctor on my behalf regarding my medical condition.

Name Relationship to Patient Date

Name Relationship to Patient Date

Name Relationship to Patient Date

This consent remains in effect until the patient withdraws their permission by signing the bottom of this form.

Patient's Signature **Date:** _____
DOB: _____

I am withdrawing my consent for the above person/people to act on my behalf.

Patient's Signature Date: _____
DOB: _____