



13691 Metropolis Avenue
Fort Myers, FL 33912
Phone: (239) 561-3376
Fax: (239) 561-3020

Authorization for Patient Consent

Date

I authorize _____ to discuss my billing/medical/both information with a Florida Skin Center employee (by phone or in person). I understand I may withdraw this consent at any time; otherwise this authorization will expire 6 months from today's date.

I certify that I have read, understood, and agree with the above:

Signature

Date

Witness (Employee)

Date