



**Authorization for Patient Consent**

I authorize \_\_\_\_\_ to discuss my **(Please circle one)** 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