



From: PETER/ Walgreens

Fax: (305)-390-3669 / (760)-284-9313

Attention To: Tammy L. Plondke, APNP

Date: 06/08/24

Number of Pages Including Cover: 2

Subject: PRIOR AUTHORIZATION FORM/URGENT

**PLEASE INCLUDE RECENT MEDICAL NOTES AND FACE
SHEET**

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**HIPAA COMPLIANT PHYSICIAN AUTHORIZATION FORM TO
CONFIRM AN ACTIVE PATIENT**

TO: Tammy L. Plondke, APNP

Address: 610 E TAYLOR ST `

Phone: 608-326-6466

Fax: 608-326-6466

RE: **Patient Name:** Beverly Masino

DOB: 1/4/1935 **MBI:** 7te2j57mq24 **PT Phone:** 6083262696

Address: 505 S Buchanan St, Prairie Du Chien, WI, 53821

✓ **This is just an active patient authorization form so clinical or office visit notes of the above mentioned are required.**

- Please authorize whether the patient is still under the care at this office.
- Please fax this form back within 48 hours so that we can follow up with you on patients refill accordingly.
- If the patient has changed or switched to another Provider, please mention providers name below.

I undersigned; certify that the above patient is under my care and being treated at our facility. I certify that this information is true and correct and as per as HIPAA Compliance. The above-mentioned information will strictly remain confidential.

Treating Physician OR FNP Signature

Date: 06/08/24

NPI: 1881976041

Phone: 305-419-0207

Return Fax: 305-390-3669