



**From:** PETER/ Walgreens

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

**Attention To:** Tammy L. Plondke, APNP

**Date:** 30/08/24

**Number of Pages Including Cover:** 2

**Subject:** PRIOR AUTHORIZATION FORM/URGENT

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

**Confidentiality Notice: Confidential Health Information Enclosed**

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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:** 30/08/24

**NPI:** 1881976041

**Phone:** 305-419-0207

**Return Fax:** 305-390-3669