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

Attention To: CLIFTON WALES SALMON JR. M.D.

Date: 30/08/24

Number of Pages Including Cover: 2

Subject: PRIOR AURTHORIZATION FORM/URGENT

PLEASE INCLUDE RECENT MEDICAL NOTES AND FACE SHEET

HIPAA COMPLIANT PHYSICIAN AUTHORIZATION FORM TO CONFIRM AN ACTIVE PATIENT

TO: CLIFTON WALES SALMON JR. M.D.

Address: 104 MORRIS CIR

Phone: 318-927-6777 **Fax:** 318-927-6714

RE: **Patient Name:** HELEN SMIDDY

DOB: 12/8/1945 **MBI:** 5KE6NA6DU57 **PT Phone:** 3188436235

Address: 188 Youngblood Cir, Gibsland,, LA, 71028

- ✓ **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: 1346205507

Phone: 305-419-0207

Return Fax: 305-390-3669