

Fresh Start Health and Wellness Message Authorization

If I am unavailable, I authorize Dr. Aylor, M.D. and employees of Fresh Start Health and Wellness, including their billing office, to leave a detailed phone message on my voice mail or answering machine.

Phone number for message

Patient _____ Date _____
Signature

Witness _____
Signature Date

Please provide us with your e-mail address. This information is not sold to anyone nor is distributed to anyone. It is strictly for our office only.

E-mail Address