

Charleston Internal Medicine, Inc.

3701 MacCorkle Avenue, SE

Charleston, WV 25304

(304) 720-2345

Patient's Name: _____ Date of Birth: _____

Please list below those individuals you give us permission to discuss your medical care with. If someone calls and requests health information about you and they are not listed below, we will not be able to assist them. You can update your list at anytime.

Name	Relationship
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1.

2.

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