



I, _____ hereby authorize Kiamichi Family Medical Center to discuss my medical and health information, in order to best coordinate my care, with the following people:

Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone Number: _____

Address: _____

Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone Number: _____

Address: _____

Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone Number: _____

Address: _____

Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone Number: _____

Address: _____

Signature: _____ Date: _____

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