



Manx David Quayle, DPM & David Huntsman, DPM

Billing, Prescription, Verbal Consent Form

Without written permission, we cannot legally release medical/ billing information, or prescriptions to anyone but you, the patient. If you would like to authorize someone to do this for you, please do so on this form.

BILLING AND PAYMENT INFORMATION

I hereby authorize Manx D. Quayle, David Huntsman, and their staff to speak to the person(s) listed below regarding any financial information, including but not limited to billing, payments, and insurance information.

1. _____ 2. _____

NONE (Please Circle "NONE" If there is no one you would like **BILLING INFORMATION** released to)

RELEASE OF PRESCRIPTIONS

*I hereby authorize Manx D. Quayle, David Huntsman, and their staff to release prescriptions that need to be picked up on my behalf to person(s) listed below. ****BE ADVISED, PHOTO ID WILL HAVE TO BE PRESENTED AT TIME OF PICK UP*****

1. _____ 2. _____

NONE (Please Circle "NONE" If there is no one you would like **PRESCRIPTIONS** released to)

VERBAL/ WRITTEN RELEASE OF MEDICAL INFORMATION

I hereby authorize Manx D. Quayle, David Huntsman, and their staff to verbally release information regarding my Medical Care/Notes/Appointments and Scheduling etc. to the following person(s)

1. _____ 2. _____

NONE (Please Circle "NONE" If there is no one you would like **medical/appointment information** released to)

Please be advised that the above information does not include the retrieval of any Medical Records requested by the patient. Medical Record requests require specific paperwork to be filled out, and unless otherwise specified on that request form we are only authorized to release those records to the patient.

***Patient/Guardian Signature:** _____

Date: _____