

WARDELL ORTHOPAEDICS, P.C.
5818D Harbour View Blvd., Suite 150
Suffolk, Virginia 23435
Telephone: (757) 215-1400

Privacy Officer: Elizabeth "Liz" Lester

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of Wardell Orthopaedics, P.C.

Patient ID# _____

Print Name of Patient: _____ Other ID# _____

Signature of Patient: _____

Parent or Guardian Signature, if under 18 years old: _____

Today's Date: _____

I authorize the following person (s) to schedule, verify or cancel doctor or physical therapy appointments at our facility, pick up medication or testing prescriptions on my behalf, and to request medical & billing records on my behalf:

Print Name: _____ Phone # _____

Relationship (parent, guardian, etc): _____

Print Name: _____ Phone # _____

Relationship (parent, guardian, etc): _____

Print Name: _____ Phone # _____

Relationship (parent, guardian, etc): _____

Unless otherwise revoked, this authorization will expire on the following date: _____. If I fail to specify an expiration date, this authorization will not expire.

Employee Signature
Wardell Orthopaedics

Date