



HEARTLAND MEDICAL CARE, P.C.

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Wayne L. Letizia, M.D.

James V. Linnick, D.O.

I, (print name) _____,
give the staff of Heartland Medical Care, P.C. permission to leave
phone messages regarding appointments, results or other
information relating to my health care.

As well, I give the staff of Heartland Medical Care, P.C.
permission to discuss, on my behalf, matters concerning my
financial account and scheduling of appointments with the
following person(s):

I give the following person(s) listed below permission to pick up
prescriptions for me:

Please send copies of my blood work to:

Dr. _____

Date _____

Print Patient Name _____

Patient Signature _____