



FAX CONSENT FORM

Please fill out the following information and fax this form to: 215-942-8729.

FOR COMPANY/ORGANIZATION CONSENT

Company/organization name for which consent is being provided:

Name of person authorized to provide such consent:

Fax number(s) for which consent is being provided:

I understand that by providing the fax number(s) above, on behalf of the company/organization specified above, I am authorized and hereby consent for the company/organization to receive faxes sent by or on behalf of MDI (Medical Data Institute).

Signature: _____

Date: _____

Please sign and return to 215-942-8729

Thank you