



CAROLINA EAST
PEDIATRICS

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PROXY AUTHORIZATION

PATIENT'S INFORMATION

Patient's Information:	Patient's Information:
Patient Name: _____	Patient Name: _____
Patient Date of Birth: _____	Patient Date of Birth: _____
Patient Social Security Number: _____	Patient Social Security Number: _____
Patient's Information:	Patient's Information:
Patient Name: _____	Patient Name: _____
Patient Date of Birth: _____	Patient Date of Birth: _____
Patient Social Security Number: _____	Patient Social Security Number: _____
Patient's Information:	Patient's Information:
Patient Name: _____	Patient Name: _____
Patient Date of Birth: _____	Patient Date of Birth: _____
Patient Social Security Number: _____	Patient Social Security Number: _____

PROXY INFORMATION

Last 4 Digits of SSN: _____
Proxy First Name: _____ Proxy Last Name: _____
Email Address: _____
Telephone Number: _____
Proxy Street Address: _____
Relationship to Patient: _____

Proxy Signature: _____ Date: _____

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-252-636-1919.

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