

Lillington Family Medical Center
PO BOX 1687
7 East Duncan St.
Lillington NC 27546
Phone: (910) 893-2641 Fax: (910) 893-3208

John L. Briggs, MD

Jessica M. Sloan, MD

Request for Limitations and Restrictions of Protected Health Information

Patient Name: _____ Date of Birth: _____

Patient Address: _____

The following person(s) have my permission to obtain any information, medical or general in reference to my care: (ex: appointment information, discuss medications or treatment)

The following person or person(s) have my permission to pick up any prescriptions or medical forms:

Signature of Patient or Legal Guardian: _____

Date: _____