



License #: HHA 299991076

JOYAL HEALTH CARE SERVICES, INC. (JHCSI) "Quality Home Health Care Services...At Affordable Prices"
9905 Saint Augustine Road, Suite 503 • Jacksonville, FL 32257 • (904) 448-1025 / (904) 448-1027 - Facsimile

Date:

To:

From: Joyal Health Care Services, Inc.

Subject: Authorization to Obtain Medical Records & Visitation

To Whom It May Concern:

I _____ hereby select Joyal Health Care Services, Inc. as my home care of choice.

Per recommendation of my medical doctor Joyal Health Care Services, Inc., is to provide me with home health care. I give them permission to access my medical records and to visit me whenever I am in any inpatient facility.

Thank you kindly in advance for your cooperation,

Print Name: _____ SSN: _____ DOB: _____

Signature: _____

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