



NEPHROLOGY • DIALYSIS • HYPERTENSION • TRANSPLANTATION

(Certified Diplomate of the American Board of Internal Medicine and Nephrology)

(**Board Certified Specialist in Hypertension)

Rafael C. Esquenazi, MD**, FACP, FASN

Mary A. Washington, MD, FACP

Ather R. Khokhar, MD

CONSENT FORM

Date: _____

I, _____ agree that the information provided in my assessments may be shared both electronically as well as through written requests with Health and Social Care staff, Service Providers who can contribute to my care and any agencies acting on behalf of these organizations. I further give my consent to share my prescription history.

Pharmacy address: _____

Pharmacy phone number: _____

I, _____ do/do not give my consent to be a part of patient reporting.

Patient printed name: _____ Patient Signature: _____

Date: _____