

GREATER HAMPSTEAD



FAMILY MEDICINE, P.C.

Thomas J. Cammilleri, D.O.
Board Certified Family Practice

Mailing:
P.O. Box 458
Hampstead, NH 03841

207 Stage Road
Hampstead, NH 03841
(603) 329-5222
WWW.GHFMP.COM

PERMISSION TO SPEAK

Date: _____

I, (Print Name) _____, give my

permission to (Print Name of Representative)

_____ to speak on my behalf

regarding the following:

CHECK ALL THAT APPLY

_____ Billing Issues

_____ Book/Cancel Appointments

_____ Prescription Refills/Pick-Up Prescriptions

_____ Treatment Plan

_____ Other: _____

_____ Have Access to: **My Patient Portal**

Unless this Permission to Speak Form is revoked by the Patient, this form shall remain in effect indefinitely.

Print Name

Date of Birth

Signed Name

Date (Today's)

Thank You,
Greater Hampstead Family Medicine, P.C.