

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT: That the undersigned has made, constituted and appointed, and by these presents does here by make, constitute and appoint

Practice Name _____

Address _____

City, State, Zip Code _____

and any of it's duly authorized agents and employees as and to be the undersigned's true and lawful Attorney for and in the undersigned's name, place and stead to endorse any and all checks, drafts, or money orders which are made payable to the undersigned. Said checks, drafts, or money orders are to pay for services which have been or are to be performed at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft or money order.

The undersigned by these presents does thus give and grant this limited power of attorney to the above named office or doctor the full power and authority to do and perform to intents and purposes as the undersigned might or could do if personally present insofar as the endorsing and cashing of said checks are concerned

The undersigned does hereby ratify and confirm any and all actions taken by the said attorney in accordance with this special power of attorney and which the said attorney shall do or cause to be done by virtue of these presents.

IN WITNESS THEREOF the undersigned have hereunto set their hands,

this day of _____, _____

Patient's Full Name: _____

Patient's Signature: _____

Witness to Patient's Signature: _____