

VIRGIN ISLANDS UROLOGIC CENTER, INC.
9003 Havensight, Suite 301, Bldg. #3
St. Thomas, USVI 00802
Tel: (340) 774-9655
Fax: (340) 774-9646

20 Golden Rock, Suite 102
St. Croix, USVI 00820
Tel: (340) 719-7830
Fax: (340) 719-7834

John Roland Franklin, M.A., M.A.
Urologic Oncologist
Diplomate, American Board of Urology

AUTHORIZATION LETTER

I, _____ authorize employees of the V.I. Urologic Center to communicate with the following family members, and/or health care aids to help me with my office visits, obtaining prescriptions, and preparing for procedures and/or surgeries.

I further authorize the following family members, and/or health care aids to assist me in creating a personalized User ID and Password for the purpose of accessing the Meridian EMR Patient Portal website to obtain my personal medical information electronically through the internet:

____ Wife/Husband	Name _____
____ Son/Daughter	Name _____
____ Mother/Father	Name _____
____ Other	Name _____

I further authorize you to discuss my medical conditions with the persons (s) named above. This authorization is good for 1 year from the date signed below. It must be renewed annually.

Signature: _____

Print Name: _____

Date: _____

Witness: _____

Date: _____

*I understand that any authorized person must show I.D. when inquiring about your health.