

Verification by Notary Public

Instructions for Notary Public: Before signing below, examine government photo ID to verify identity of Patient or Authorized Representative.

STATE OF _____

COUNTY OF _____, ss.

At _____, this _____ day of _____, _____ personally appeared, and s/he acknowledged this instrument by him/her sealed and subscribed, to be his/her free act and deed.

Before me, _____
Notary Public

My Commission Expires: _____
Date

Send completed form, including notary public verification, to:

VITL
C/O Privacy Officer
150 Dorset St.
Suite 245, PMB 358
So. Burlington, VT 05403

Questions? Call VITL toll free at 1-888-980-1234 or visit <https://vthealthInfo.com>