



RESULTS CLASSIFICATION AUTHORIZATION

(month/day/year)

To whom it may concern,

This letter is to inform you I authorize my electronic medical record (EMR), Omnimed, to class in my name all my results previous to _____ received in the *Results* module. (month/day/year)

Please note: This action will file results from all institutions for which you work.

First and last name (block letters): _____

Practice number: _____

Omnimed user: _____
(0000000)

Signature