CVSHealth.

PHYSICIAN AUTHORIZATION FORM TO CONFIRM AN ACTIVE PATIENTPERSUENT TO 45 CFR 164.508

PROVIDER/PHYSICIAN/FACILITV INFORMATION

Name: Dr. Vanessa Ortiz	**NPI:** 1205234879
Practice Address: 4327 S Archer Ave Chicago IL 60632	

PATIENT'S DIRECTORY INFORMATION

Name: MARGARET GUYTON	**Birth Date:** 2/19/1951
MEDICARE ID: 1W20J47DN41	**Phone:** 7735221463
Address: 4116 W 21ST PL 2ND FL CHICAGO, IL 60623	

FOR PROVIDER'S USE ONLY

I confirm that:

- This patient is or was under my care at this office.
- If the patient has changed or switched to another Provider, please mention below

I undersigned: Confirm that the above patient is / was under my care. I confirm that thig information is correct

Physician OR FNP Signature: V. Ortiz FNPBC

Date: 5/6/26

Please Attach the Patient Last Visit Notes
Fax Back Form To: (346) 345 - 2633

For More Info Visit: WWW.CVS.COM
Phone: (334) 651 - 7634