

VAUGHN ORTHOPEDIC & SPINE CENTER, PLLC.
Guarantor/ Proxy Sheet

Patient Name: _____

DOB: _____

Guarantor/Proxy Name: _____

DOB: _____

Relationship to Patient:

- Mother Step-Mother Grand Parent Spouse/Power of Attorney Daughter/Power of Attorney
 Father Step-Father Guardian Son/Power of Attorney Grand child/Power of Attorney

Address: _____

City: _____ State: _____ Zip Code: _____

Home: () _____ Cell: () _____ Work: () _____

EMAIL: _____ Preferred Contact Method: Phone Web

Please note this information will be used as emergency contact information and to send you an invitation to our Follow My Health Patient Portal. You will be able to access the patient's medical records securely online. There is NO cost to you or the patient to access or use the portal. This is just an easier way to access the patient's medical information.