Windward Urology Associates Ltd
Ellerslie School Road, Black Road
St. Michael, Barbados
Tel: (246) 426-5078 - Fax: (246) 426-5079

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

AUTHORIZATION LETTER

I*, _____ authorize employees of the Winward Urology Associates Ltd 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 you to discuss my medical conditions with the person(s) named below. This authorization is good for one (1) year from the date signed. It must be renewed annually.

_____Wife/Husband Name _____

_____Son/Daughter Name _____

_____Mother/Father Name _____

_____Other Name _____

Signature: _____

Print name: _____ Date: _____

Witness: _____ Date: _____

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