



UNIVERSITY of FLORIDA

College of Medicine

Department of Medicine

A Culture of Caring, a Commitment to Investigation

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Cost of Healthcare Authorization Form

Medicine Clerkship Course

Systems-Based Practice Competency

I, _____
Name of Patient (please print) **Social Security Number**

allow _____ permission to access hospital charges
Name of Student (please print)

for the admission date _____ .

Signature of Patient

Signature of Student

Date