5315 Avion Park Drive, Suite 120, Tampa, Florida 33607
Phone: 844-650-5802 Fax: 844-277-0049

Request for Confidential Communications

I understand that by completing and signing this form, I request the Practice to send correspondences to and communications with me via an alternate address, phone, or email that I will provide below.

Patient Name	Date of Birth
Address	Telephone #
Request Start Date	Request End Date (Optional)
This is a: ☐ New Request ☐ Change to an Existing Request ☐ Withdrawal of an Existing Request	

Please provide the alternate information below
☐ Delivery Address:
☐ Telephone:
☐ Email:
☐ Other: (Please Specify. Continue on back if necessary):

Patient/Personal Representative Signature	Date
Printed Name if Not the Patient	Relationship

When completed, please return to
IV Solutions RX
5315 Avion Park Drive Suite 120, Tampa, FL 33607
Email: info@ivsolutionsrx.com

Internal Use Only	
Received and Reviewed by (Print)	Date
Request ☐ Approved ☐ Denied (explain reason for denial) Patient/Personal Representative Notified of Denial and Reason? ☐ Yes ☐ No	