



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

Request for Additional Restrictions

Please complete the information below to request Additional Restrictions. The Practice will review your request and notify you as to whether your Additional Restrictions have been accepted.

Patient Name	Date of Birth
Address	Telephone #

Describe the Additional Restrictions you would like placed on the uses and disclosures of your Protected Health Information.
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Patient/Personal Representative Signature	Date
Printed Name if Not the Patient	Relationship

Sign below only if you are terminating previously accepted Additional Restrictions	
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: infot@ivsolutionsrx.com

Internal Use Only	
Received and Reviewed by (Print)	Date
Restrictions have been <input type="checkbox"/> Approved <input type="checkbox"/> Denied (explain reason for denial)	
Patient/Personal Representative Notified of Denial and Reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date the Additional Restrictions are Terminated:	