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# By Generic: Out-Patient Prescriptions Formulary Generic Name

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By Signing This Form, I Authorize DAWSON INTEGRATIVE MEDICAL CENTER, LLC To Use, Release Or Obtain Protected Health Information Described Above: I Understand That My Records Are Confidential And Cannot Be Disclosed Without My Written Authorization, Expect When Otherwise Permitted By Law (F.S 395.3025, F.S. 456.057 Mar 9th, 2024

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