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Community Chart Consent

I, _____, give consent to Erin V. Stoehr, DO, PLLC, to electronically query and retrieve my medical records for treatment purposes from all available sources. This includes, but is not limited to, demographic information as well as other clinical documentation that may be available through sources such as the Carequality Interoperability Framework, Surescripts, or other connected entities.

Patient Signature: _____