



I would like to participate in the telemedicine services from Impairment Rating Specialists. I hereby attest that I understand the following:

- The risks, alternative and benefits of telemedicine have been provided.
- I have been offered a printed policy of the telemedicine policies and procedures, which are also available at www.pr4report.com/telemedicine and agree to the terms of use.
- I have the right to refuse, stop participating in telemedicine services at any time.
- All reasonable efforts will be made to keep my personal information protected.
- I understand I may call the clinic at any time if I have questions or concerns about the telemedicine service.

Patient Name (Printed): _____

Signature: _____

Date: _____