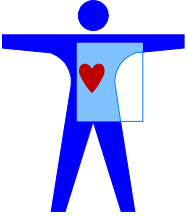


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435 N. Roxbury Dr. #300
Beverly Hills, CA 90210

Reed S. Wilson, M.D., F.A.C.C., F.A.C.P.



Dear Patients:

We are being inundated with pharmacy calls requesting pre-authorization of medications.

It is **your responsibility** to request your insurance company provide us with a pre-authorization form for any medication that requires authorization. Your signature below acknowledges your understanding of this policy.

Thank your for your consideration.

Patient Name:

Patient Signature:

Date:

E-mail: reed@reedwilson.com

Phone : 310-859-9170

Fax : 310-859-0805

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