Legal-Ease
Digital Imaging
A Limited Liability Company

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Burton, MI 48519
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Please include the following information when returning the authorizations.
Please make sure authorizations have a WET signature (facilities will not accept electronic)

Full Name:

Maiden Name:

Date of Birth:

Full SSN:

Address:

Who is signing the authorization (if not patient):

Please include copy of:
1. Driver License of who signed the authorization (back and front)
2. Insurance cards (back and front)
3. Death Certificate
4. LOA or Guardianship Court Papers