



AzZebras

Az Zebras Provider Directory Inclusion Request/Consent

Az Zebras maintains a directory of doctors and other medical professionals who members have recommended and who are interested in being included in this directory and helping Ehlers-Danlos Syndrome (EDS), POTS, MCAS, and other rare condition patients navigate their medical care. This directory will be provided both to individuals who have already been diagnosed as well as those who are seeking a diagnosis. The directory will be available upon request as well as being available on the Az Zebras website (www.AzZebras.org) and Facebook page.

If you consent to be included in the Az Zebras Provider Directory, please complete the form below and return it to info@AzZebras.org or give a hard copy to an Az Zebras board member. Please complete all sections that you would like to have included in the directory. All info provided is subject to review by Az Zebras prior to inclusion on the Az Zebras Provider Directory. If you would like to be removed from this directory at any point in the future, please send your request to Info@AzZebras.org. Please direct any questions to Info@AzZebras.org or to a board member. Thank you for your interest in helping the Zebras (rare) community in Arizona.

Date: _____

Name (Title, First, Last): _____

Specialty: _____

Medical Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Additional information (inclusion in the directory subject to Az Zebras review):

Provider or Designee Signature or Electronic Signature

Date

Received by: _____
Az Zebras Board Member Signature

Date