TEMPLATE

State coverage record

Starting points to adapt with your attorney and advisors, not finished legal documents.

State _____ Service _____ Patient location verified by _____

Practice and authorized clinician _____ License or other authority _____

Permitted visit format and conditions _____ Consent record _____

Dispensing pharmacy and shipping authority _____ Restrictions _____

Official source and date checked _____ Clinical and legal reviewers _____

Decision and next review trigger _____

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