

REQUEST FOR EXCUSE FROM stickK COMMITMENT CONTRACT

Dear Physician: Your patient is seeking to be excused from a Commitment Contract that he or she entered with stickK.com. To be excused from a stickK Commitment Contract, the patient must obtain a written statement of excuse from a physician on this form and have the form faxed to 347-584-1818.

ALL questions must be answered legibly. If not, this application will be considered incomplete and invalid.

For Patient to Complete:

Patient Name: _____
Patient Address:
Street: _____ City: _____
State: _____ Zip: _____
Patient Telephone Number: () - _____
Patient email Address: _____ Patient DOB: / / _____
Patient Signature: _____

Summary of Commitment Contract
Commitment Contract No.: _____
Patient Has Committed To:

When Is the Next Required Report: _____

For Physician to Complete:

I certify that it would be detrimental to patient's health to continue to be bound by this Commitment Contract for the following reasons:

I swear or affirm under penalty of perjury under the laws of this State that the contents of this document are true and correct:

Physician Signature: _____

Physician Name: _____

Physician Address:
Street: _____ City: _____
State: _____ Zip: _____

Physician Office Telephone Number: () - _____
Physician email Address: _____
License Number: _____

PLEASE FAX COMPLETED FORM TO stickK at 347-584-1818