

EXHIBIT A

AUTHORIZED APOLLO USER APPLICATION

Please Print as Many Copies as Needed

Clinical Clerical email address; _____

_____ **Print Legal Name** _____ **Job title or Job Description**

Specify section of chart and why needed: _____

Clinical Clerical email address; _____

_____ **Print Legal Name** _____ **Job title or Job Description**

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_____ **Print Legal Name** _____ **Job title or Job Description**

Specify section of chart and why needed: _____

Clinical Clerical email address; _____

_____ **Print Legal Name** _____ **Job title or Job Description**

Specify section of chart and why needed: _____

Physician's Printed Name _____

Physician Signature: _____