EZIRIDEZ LLC
PO BOX 6098,
Phoenix, Arizona 85092
OFFICE: (505) 269- 9972
EMAIL: info@eziridezllc.com

VERIFICATION OF SERVICES PROVIDED

FACILITY NAME: _____

ADDRESS: _____

TELEPHONE: _____

THIS VERIFIES _____ (CLIENTS NAME) WAS SEEN

AT OUR FACILITY IN THE _____ (DEPARTMENT NAME)

ON THE DATE LISTED BELOW.

_____

CLINIC STAFF'S SIGNATURE DATE

_____

CLINIC STAFF'S NAME PRINT DATE

_____

DRIVER'S SIGNATURE DATE