



# PhoenixEDS

## PhoenixEDS Provider Directory Inclusion Request/Consent

PhoenixEDS 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) patients navigate their medical care. This directory will be provided both to individuals who have already been diagnosed with EDS as well as those researching EDS. The directory will be available upon request as well as being available on the PhoenixEDS website ([www.PhoenixEDS.org](http://www.PhoenixEDS.org)) and Facebook page.

If you consent to be included in the PhoenixEDS Provider Directory, please complete the form below and return it to [info@PhoenixEDS.org](mailto:info@PhoenixEDS.org) or give a hard copy to an PhoenixEDS board member. Please complete all sections that you would like to have included in the directory. All info provided is subject to review by PhoenixEDS prior to inclusion on the PhoenixEDS Provider Directory. If you would like to be removed from this directory at any point in the future, please send your request to [Info@PhoenixEDS.org](mailto:Info@PhoenixEDS.org). Please direct any questions to [Info@PhoenixEDS.org](mailto:Info@PhoenixEDS.org) or to a board member. Thank you for your interest in helping the Ehlers-Danlos Syndrome 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 PhoenixEDS review):  
\_\_\_\_\_

\_\_\_\_\_  
Provider or Designee Signature or Electronic Signature

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_  
PhoenixEDS Board Member Signature

\_\_\_\_\_  
Date