

# Anderson Hospital

6800 State Route 162  
Maryville, Illinois 62062  
618-391-6140 ♦ 618-391-6141  
618-288-2164 FAX  
[MSO@AndersonHospital.org](mailto:MSO@AndersonHospital.org)

Dear Provider:

Please sign the above card exactly as you sign your medical records. As well, please initial exactly as you initial progress notes, etc. This signature card is kept on the nursing unit for reference purposes.

Please return the signed and initialed form with your packet to the Anderson Hospital Medical Staff Office.

Thank you for your cooperation in this matter.

**PLEASE DO NOT USE TYPED TEXT OR DOCUSIGN.  
MUST BE IN BLUE OR BLACK INK.**

## PROVIDER SIGNATURE CARD

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign your **full name** as it would be documented in the Medical Record:

\_\_\_\_\_

Sign your **initials** as it would be documented in the Medical Record:

\_\_\_\_\_