

Healthcare Provider InformationName: Catherine McClellan PA-C Specialty: Family MedicineTitle: Cabarrus Family Medicine - Prosperity CrossingAddress: 5727 Prosperity Crossing DriveCity: Suite 2200 State: _____ Zip: _____Phone: (704) 863-9830 Fax: (704) 863-9831E-Mail: _____ License or Certification #: 0010-07055

With my signature, I certify that the above information is true and documented as part of the patient's medical record.

Provider Signature: [Signature] PA-C Date: 7/21/21

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