



In the event you should ever have tests done (i.e. Labs, Diagnostic Testing, etc..) in or outside the office; or if we should have to contact you regarding any medical and / or financial reasons, the following information will assist our office in contacting you.

For Lab or any other Test Results, our office **WILL CONTACT YOU** IN 2 – 4 business days depending upon the type of test and /or procedure performed for any tests done in or outside of our office. If you have not heard from our office within seven (7) days, please contact us; this is extremely important.

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PLEASE PRINT

1. PATIENT'S NAME _____ DATE _____

PARENT/GUARDIAN NAME
(if applicable) _____

PLEASE INCLUDE YOUR AREA CODE!!

2. TELEPHONE NUMBERS: HOME (____) _____

WORK (____) _____

CELL (____) _____

3. DO YOU PREFER A CALL AT WORK OR AT HOME

4. WHEN IS THE BEST TIME TO CALL? _____

Authorization to leave results / or
medical / financial information on
ANSWERING MACHINE

Authorization to release results / or
medical / financial information to
SPOUSE / FAMILY MEMBER

SIGNATURE

SIGNATURE