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Permission of Patient Contact

(Effective as of 4/13/03 under Federal Law)

Contact Information liste	ed on this form v	vill allow us to	contact y	ou with ∣	Laboratory
results.	Please fill out o	ompletely for	our recor	ds.	

1.	Phone (Home)					
2.	Phone (Cell)					
3.	Phone (Work)					
Where sho	uld we contact you first	?				
status with this office (Home Answering Ma Yes No	Yes t you at work and you are	ments, etc.) may we leave voicemail?	eave a message on your: Work Voicemail?			
	Î_	Y es				
will not discuss any i Please list the names	erson is not listed here, by la information pertaining to you of any person(s) that may be your medical status with:	ur healthcare to any per	son not listed here.			
Name	Rela	ationship to Patient _				
Name	Name Relationship to Patient					
Pharmacy Phone Nu	ldress ımber have been presented with a cop					
Patient Name		Dat	e			
Signature_			(Self,Mother,etc.)			