

CONSENT TO LEAVE MESSAGE

I, _____, give permission to be called at: (check all that apply)

_____ Home _____ Work _____ Cell Phone

I can be reached at the follow numbers:

I DO _____ DO NOT _____ give permission to leave relevant medical information on my answering machine/voicemail.

I DO _____ DO NOT _____ want relevant medical information shared with the person who may answer the telephone. Information may be left with the following individuals:

Name/Relationship: _____

Name/Relationship: _____

Patient Signature/Date