



Patient Permission Form

Patient Name: _____

Date of Birth: _____

Home Number: _____

Work Number: _____

Cell / Other: _____

_____ I give permission for _____, to accompany me in the examination room during the physician's visit.

_____ I give permission to call my place of business.

_____ I give permission to leave only normal results on my home answering machine.

_____ I give permission to leave all test results on my home answering machine.

_____ I give permission to speak to _____, regarding my test results.

_____ I give permission to have my normal results mailed to me at:

_____ I give permission for PMG to speak to _____, regarding billing issues.

Patient Signature

Date

Witness